

CHEMIST & DRUGGIST

OVER THE
COUNTER
INSIDE

The newsweekly for pharmacy

July 18, 1992

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pain,
fibrositis,
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THE POWER TO PENETRATE PAIN INSTANTLY.



Tariff prices plummet on generics

'GPs double income from dispensing'

Muted reaction to White Paper


Simpson heads new FHSA advisers group

Chemex offers trip to China

Rimmel's total quality outlook

Update: acne therapy and antibiotics

Question mark over Wellcome share sale



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CHEMIST & DRUGGIST

INCORPORATING
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& PHARMACY UPDATE

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Comment

The Department of Health has introduced some realism to the Drug Tariff prices of generic drugs in England and Wales prompted, it is believed, by criticism in last month's National Audit Office report on community pharmacy. With generics now selling at an average of 46.7 per cent below Tariff prices, it is surprising that action has not been taken earlier. With generics worth £330m at Tariff prices (according to IMS) this means there is potentially over £150m which could be "saved" by the Department if it chose. The money is eventually clawed back through the discount recovery scheme instead.

The cut in generic prices has come in the same month that the Department and PSNC were supposed to finalise a new discount scale. The smart money was going on the average clawback being increased to around 13.3 per cent. PSNC say the increase in discount clawback is similar in cash terms to the drop contractors face in reimbursement. With the Department's agreement the existing rate of 9.67 per cent will remain in place until September when the situation will be reviewed. A higher rate of discount recovery together with slashed generic prices would have been too much for contractors to stomach.

However, pharmacists should not think that this

month's *status quo* will remain. Further decreases in generic prices in September are likely as the two suppliers who have not yet submitted their prices make their contribution. Any adjustment to the discount scale is retrospective to April and it is quite likely that the lower Tariff prices will not completely offset the debt contractors will owe the Department. PSNC may be faced with a rise in the discount recovery rate of around 1 per cent when it comes to review the situation in September.

For contractors the latest developments mean there will be further pressure on an already tight cash flow. For the average contractor doing 3,000 scripts a month it means the loss of around £500 monthly; for the large multiples such as Boots and Lloyds this adds up to a substantial sum. But the bit that really infuriates is that because the new prices were "supplied" to the PPA prior to June 8, they apply to that month's scripts, although pharmacists were not aware of them until a month later. This is iniquitous. The NAO lauded the Scottish system where the most widely available generics are priced at current market levels and are effectively "nil discount". If the DoH is trying to move towards this model, so much the better for everyone.

DoH bursts generic discount bubble

Swingeing cuts of up to 78 per cent have been made to the Drug Tariff prices of many generic drugs. The cuts are notified in the July Tariff for England and Wales, which has been late in being delivered to pharmacies. Fifteen commonly used generics have been cut by over 50 per cent and over 40 by 20 per cent or more.

The pricing conventions used by the Prescription Pricing Authority mean the new prices will be applied to all scripts dispensed during June. The Pharmaceutical Services Negotiating Committee estimates that the average contractor will see his reimbursement fall by around £500 a month.

The cut in generic prices comes at the same time that the new discount scale, to be applied retrospectively from April 1992, is due to be finalised between PSNC and the Department. Until the situation stabilises, the existing rate will continue to apply.

According to PSNC financial executive Godfrey Horridge the current indications are that the required increase in the discount clawback is of a similar level to the drop in reimbursement, in other words the two will almost cancel each other out.

In a statement this week PSNC says that as soon as the discount inquiry is finalised, it will open discussions with the Department to determine how the clawback (mainly on April and May scripts) should be recovered in a manner which causes least disruption to

contractors' cash flow.

Chairman David Sharpe says the situation will be reviewed again in September, as there is no sense in fixing a new discount rate now when there may be a further downward shift in Tariff prices in the next two months.

This policy has been agreed to by the Department, but a spokesman confirmed this week that the review will go ahead.

Quite why there has been such a sudden drop in prices remains a topic for conjecture. PSNC has suggested that three of the five suppliers whose prices are used to calculate generic prices in Part 8 of the Tariff have recently supplied new price lists which more closely reflect real market prices, and this has led to the heavy cuts seen this month.

The Prescription Pricing Authority confirm that lists from Evans-Kerfoot and Unichem are mainly responsible for the fall. Evans-Kerfoot managing director Michael Retter says that Kerfoot moved to a net price list on May 1.

It is understood that Cox and APS will shortly be updating their price lists. These will be too late for inclusion in the August Tariff but could lead to a further drop in prices in September. However, Andrew Kay, sales and marketing director at APS, suggests the company will not be re-aligning its prices. He says: "Having analysed the changes taking place, we do not believe we are uncompetitive relative to July Tariff prices. We want to determine the DoH's intentions

in the medium term."

However, there are strong indications that the Department has actively sought out offer rather than list prices. Unichem have not actively submitted any price information for two years, according to managing director Jeff Harris, yet their published generic prices for May and June have been used by the PPA.

The Authority states categorically that there has been no alteration in its procedures, and that it has been obtaining manufacturers' prices and applying the standard formula. Unichem are the first to be considered in setting prices for Cat B drugs in Part 8 of the Tariff and in the weighted average used in Cat A they account for 20 per cent.

The move to realign Drug Tariff prices to reflect more closely those currently available in the market follows criticism in the recent National Audit Office report over the way generics are priced. It is widely recognised that pharmacists have been able to purchase generics at a substantial discount to Tariff prices for some years. Discounts have risen in the past 18 months and are now around 46 per cent below Tariff prices.

The NAO noted that the basis of calculating prices was last reviewed in 1981 and one of the six suppliers included in the calculation (Unichem) had not provided any price information for two years. Two of the others — Evans and Kerfoot — have since merged, and one

(Macarthy) no longer supplies generics.

The Department has said it intends to review the basket of suppliers used in calculating prices in category A of Part 8 of the Tariff, which accounts for over half the generics listed.

The move to tighten up on pricing has received a concerned response from the British Generic Manufacturers Association. "Unless the Department takes a long term view the current new prices will lead to a marked shortening of product lists as there will be less

Generic pricing

Generic drugs available on FP10 are listed in Part 8 of the Drug Tariff in England and Wales. Drugs are split into five categories (A,B,C,E and S) according to the way their price is calculated

- Cat A: the most commonly used preparations. The Tariff price is a weighted average calculated from the list prices of APS, Cox, Evans, Kerfoot and Unichem

- Cat B: less commonly used drugs and preparations. Price listed is based on the Unichem price or, if not available, Evans

- Cat C: Newer generic lines whose Tariff price is based on the list price of a named supplier

- Cat S: Widely used generic preparations which are subject to price cutting whose prices are negotiated between the DoH and PSNC

Pharmacists arrested in US

More than 100 pharmacists and others involved in a nationwide, multi-million dollar, healthcare drug diversion operation have been arrested in America, in what is believed to be the most extensive crackdown ever on prescription fraud in the US.

In the scam that led to the arrests, Medicaid and Medicare patients obtained prescriptions for unneeded drugs, had them

dispensed by pharmacists and then sold them for a fraction of their value to middlemen. These middlemen then sold the drugs at discount rates to pharmacists who then re-sold them to the public at full price.

The US Food and Drug Administration has advised patients to make sure the drugs they have are the ones they should be taking.

CPPE add 'homes' pack

A resource pack which can be used when training care staff in residential homes will be launched later this month by the Manchester-based Centre for Pharmacy Postgraduate Education.

Called "Take Good Care With Medicines", the training pack has been produced using Department of Health section 63 funding. Each pharmacy in England will be able to apply for one copy of the pack free of charge.

Halcion ban

The UK ban on Halcion has been extended for three months until October. The decision follows an appeal hearing by the Upjohn Co before the UK Medicines Commission.

Sent for trial

Pharmacist Ashish Patel of Gerrards Cross was sent for trial at Isleworth Crown Court by Ealing Magistrates Court on July 8, on ten charges relating to the possession of cocaine worth £100,000. Mr Patel was allowed unconditional bail.

Support force

The Government has set up a national support force to help implement community care. The joint leaders will be Terry Butler, director of social services for Hampshire County Council and Andrew Foster,

deputy chief executive of the NHS Management Executive.

NI statistics

Prescription statistics for Northern Ireland in April show that 1,362,274 items were dispensed on 813,563 forms. The gross cost was £11,297,602.84 (net cost £10,854,904.09). The gross cost per item was £8.29.

Price service

Tegasorb hydrocolloid dressing community pack (PIP code 012-0212) should have a retail price of £32.78 and a trade price of £18.60 for a box of 10 dressings from July 1. 3M Healthcare apologise for any inconvenience caused. The 4 Health range of capsules are still available from Goldshield Pharmaceuticals but the syrups are discontinued. We apologise for any inconvenience caused.

room for discretionary pricing to support lower volume lines. Some 40 products currently cover 40 per cent of the spend," says director Alan Smith.

In Scotland

Scottish contractors will be largely unaffected by the Department of Health's action South of the Border. Since September 1990 the Scottish Drug Tariff has included a list of the most widely available generic drugs priced on the "better market price" convention using market (discounted) prices from Hillcross, Numark and Unichem. These drugs are excluded from the discount recovery scheme.

The NAO noted this system made it easier for contractors to identify the price they needed to purchase at or below. The NAO said the DoH should adopt such a system if it led to more accurate reimbursement of net ingredient cost and encouraged pharmacists to buy more cheaply.

Major Drug Tariff (England and Wales) reductions in generic prices for July

Pack	Description	June £	July £	Decrease %
28	Allopurinol 300mg tabs	4.00	0.87	78.3
100	Allopurinol 300mg tabs	9.87	4.38	51.2
100	Amiloride 5mg tabs	6.89	2.65	61.5
500	Amoxycillin 250mg caps	70.50	20.80	70.5
100	Amoxycillin 500mg caps	28.35	13.71	51.6
100ml	Amoxycillin 125mg/5ml syrup	1.98	0.89	51.1
100ml	Amoxycillin 250mg/5ml syrup	3.24	1.55	52.2
28	Atenolol 50mg tabs	4.82	2.27	52.9
100	Flucloxacillin 250mg caps	13.50	4.59	66.0
100	Flucloxacillin 500mg caps	28.00	9.61	65.7
10ml	Hypromellose eye drops	0.75	0.36	52.0
1	Salbutamol inhaler 200 dose	2.08	1.04	50.0
100	Verapamil 40mg tabs	4.46	1.15	74.2
100	Verapamil 80mg tabs	8.90	2.48	72.1
100	Verapamil 120mg tabs	13.62	3.64	73.3

Courtesy British Generic Manufacturers Association

Triludan Press scare

Alarming reports have appeared in the Press this week over the safety of Triludan following a letter to pharmacists and GPs from Marion-Merrell Dow.

The company sought to highlight cardiovascular safety issues associated with terfenadine (Triludan). The letter was only intended to update pharmacists and reinforce warnings in the product Data Sheet about overdoses, drug interactions, patients with hepatic impairment and the possibility of prolongation of the QT interval in patients receiving the drug.

Pharmacists were informed of this side effect and the subsequent Data Sheet amendment in November 1990.

Alarming reports in the newspapers and radio has caused concern among the public. It was implied that the information in the letter referred to new findings, which is not the case.

Marion-Merrell Dow say terfenadine is well-tolerated by the overwhelming majority of patients and that, worldwide, serious cardiovascular events have been reported at a rate of less than one per million months of treatment.

Boots to pay exam fees

Boots the Chemists have announced they will reimburse the fees of all their graduates who the Society's first pre-registration examination next Summer.

All 300 pre-registration graduates joining Boots this year will be eligible for the £40 reimbursement in addition to the Society's £112 registration fee, which the company will continue to pay.

Newsletter for PPRRC

The Pharmacy Practice Research Resource Centre will be mailing its first newsletter "Update" with the next issue of their research methodology bulletin. Anyone who wants to be included on the mailing list should contact the Centre on 0203 690064.

Reading packs based upon literature searches are also available on inter-professional relationships, the elderly and compliance, adverse drug reactions, and OTCs and overdosing. Copies are available from Pete Abel on 061-275 2415.

The PPRRC has asked Dr Nick Mays of the Queen's University of Belfast to review health service research into pharmacy, to be published in January.

FHSA pharmaceutical advisers appoint leaders

The national group for pharmaceutical advisers to family health services authorities has formed a steering committee and appointed leaders for the first 12 months.

Chairman of the new group is Ian Simpson (Oxfordshire FHSA), vice-chairman is Dr Stephen Chapman (West Midlands RHA) and the secretary and treasurer is Michael Beaman (Barnet FHSA).

The steering committee comprises representatives of all regional health authorities in England and a representative from Wales.

The aims of the group are:

- To facilitate the provision of training for pharmaceutical advisers
- To promote the exchange of views and provide a communications network with pharmaceutical advisers
- To liaise with MASC, MeReC, the Department of Health, regional pharmaceutical officers and other professional organisations on areas of mutual interest.

Membership of the group is open to all FHSA pharmaceutical advisers at FHSA and regional

levels in England and Wales.

The committee will meet quarterly. A quorum would be eight members including the chairman and the secretary/treasurer. There will be an annual general meeting at which the accounts and reports will be presented and the committee and officers elected.

Anyone who wants more information should contact Michael Beaman, Barnet FHSA pharmaceutical adviser, at Napsbury Hospital, London Colney, Herts AL2 1AA (tel: 0727 823333 ext 2603).

Some GPs 'double their income by dispensing'

Some general practitioners are able to double their income from the dispensing of prescriptions, Baroness Cumberlege, Junior Health Minister, told the House of Lords last week.

When asked by Lord Winstanley, a Liberal Democrat peer and former "radio doctor", if the profit made by these doctors from dispensing was equal to their income from practising, she replied: "That is the case".

Ads for oral care lines under fire

Press advertisements for Smithkline Beecham's Aquafresh Flex toothbrush and for Elida Gibbs' Mentadent P toothpaste have fallen foul of the Advertising Standards Authority.

A complaint concerning claims in a trade advertisement that Aquafresh Flex is "the first toothbrush specially designed to help protect gums" was upheld by the ASA.

The complaint said he was aware of other toothbrushes already available which claimed to be designed to protect gums.

The advertisers described the special features of the Aquafresh Flex and provided a clinical trial. This concluded that it was more effective than a standard toothbrush in the control of plaque and gingivitis because of more favourable user acceptance of the product.

However, the Authority did not consider that the new design features, even if improvements, justified the claim that this was the first toothbrush designed to protect gums. They requested the advertisers to amend the advertisement.

A complaint which challenged the basis of a claim that Mentadent P "is clinically proven to keep gums three times healthier than ordinary toothpaste" was also upheld.

Again the advertisers provided clinical trials to support the claim, upon which the ASA sought expert advice.

While noting the calibre of the trials, the Authority was concerned that the claim implied that a person would have three times fewer episodes of gingival bleeding when using the advertised product.

The advertisers were requested to amend the claim to remove this implication and to make it clear that "ordinary toothpaste" meant toothpaste which only contained fluoride.

Lady Cumberlege, underlining the importance which the Government attached to "value for money", told the House: "It certainly costs the state more when a GP prescribes and dispenses."

She explained: "The total cost per item is greater for dispensing doctors. More items per person are prescribed by dispensing doctors, and in terms of remuneration the total cost — and that includes allowances and fees per item — is greater for dispensing doctors."

The Countess of Mar, the patron of the Dispensing Doctors' Association, challenged the

Minister's statement.

Lady Mar asked how dispensing doctors were able to make so much more money than prescribing doctors when a "claw back" procedure was in operation to keep the salaries of dispensing and prescribing doctors in line.

Lady Cumberlege said it was "an extremely technical point" and promised to provide a written explanation for Lady Mar.

The Minister denied making any allegations of dishonesty against dispensing doctors but insisted: "I hold that where one person is diagnosing, prescribing and dispensing there is a potential conflict of interests."

Support for White Paper

Pharmacy organisations have given their support in principle to the White Paper, "The Health of the Nation," published last week.

The National Pharmaceutical Association's director, Tim Astill, welcomed the document, particularly its references to pharmacy. "The Government seems to have taken on board the fact that pharmacists have a great deal of contact with the public, especially the healthy public, and can be a useful channel for health education," he told *C&D*.

It was also clear from the White Paper that the Secretary of State and Health Ministers intended

the profession to continue its involvement in discussions on wider aspects of health.

The Pharmaceutical Services Negotiating Committee believes the White Paper can only be fully appraised as the target dates materialise.

"PSNC is committed to health promotion and, to coin a phrase, preventative pharmacy. Subject to detailed consideration of the document by the Committee, PSNC will co-operate with other pharmaceutical organisations to achieve the targets set out. PSNC has already shown commitment to health promotion and illness prevention."

PSNC also hopes that the Government will encourage community pharmacists to help meet the White Paper's objectives — a role for which they are ideally placed and qualified.

The Royal Pharmaceutical Society supports the concept of properly resourced health targets and welcomes the White Paper's acknowledgement of recent changes in pharmacy education which reflect the profession's developing role (last week p52).

The proposal to reduce the number of smokers by one third without banning tobacco advertising has provoked criticism. The British Medical Association expressed concern that advertising influences children to take up the habit. Speakers at the BMA's annual meeting last week said it was inconsistent to set health targets while allowing such promotion.

A leading article in *The Health Service Journal* last week commented that NHS managers and public health professionals believed the greatest filip the Government could give to improving the nation's health would be to ban tobacco advertising.

Pharmacheck day shows screening benefits

The first Pharmacheck screening day held in Uppingham, Leicestershire, on June 29 has been hailed as a success by the company.

Of the 14 patients screened, all but one required some healthcare advice and two were referred to their GPs.

The service (*C&D* June 27 p1125), said to offer pharmacists the opportunity to evaluate health screening with no financial outlay or additional work, attracted 14 customers.

The results for blood cholesterol showed that five patients (36 per cent) had levels below 5.2 mmol per litre, the upper limit of normal; half were in the range 5.2 to 6.5 and the highest level measured was 9mmol/l. The average was 5.6mmol/l.

The picture for blood pressure was better: 13 people were within acceptable limits for their age and only one was referred to a GP.

When measuring body-mass index, one person was classified as underweight, eight as desirable, one as overweight and four as very overweight.

The organisers also determined that half of the 14 patients screened were not regular customers at the pharmacy in question and only four were regular presenters of prescriptions.

This suggests that, if advertised appropriately, this service can attract a wider range of customers than would normally visit the pharmacy, said sales director Ella Craig.

"It is hoped that these new customers who found the service beneficial will return on future occasions."

Winterton ousted

Mr Nicholas Winterton, the maverick backbencher who, with the aid of the votes of Labour MPs, was appointed chairman of the Commons Health Select Committee in the final session of the last Parliament, was unceremoniously ousted from the post on Monday.

Despite his protests that he was the victim of a "vendetta" by the Government whips, the Commons refused to re-appoint him to serve on the Committee.

Mr Winterton, a critic of the health reforms introduced in April of last year, warned that 14 years of continuous Conservative rule was creating "an arrogance which can lead to dictatorship".

Hampshire Charter

Hampshire Family Health Services Authority have launched a Charter for patients outlining the services available to them and their own rights and responsibilities.

The Charter, available through the health professions, community health councils and citizens' advice bureaux, covers services offered by GPs, pharmacists, dentists and opticians. There is also a section on complaints and an undertaking from the Authority to deal with these within certain time scales.

For people with sight problems, the Charter has been recorded on tape, produced in Braille and will be publicised through talking newspapers for the blind.

Pill advice now on tape

Women from the Asian community who are prescribed the oral contraceptive pill can now receive product information on cassette in their own language.

Ortho-Cilag introduced the tapes following research that showed that knowledge about contraception amongst Asian women is related to their level of fluency in English. The availability of advice leaflets does not help those who are unable to read their own language, the company says.

The tape "How to take the pill" is available in Urdu, Bengali, Punjabi, Hindi, Sylheti and Gujarati. It includes advice on what to do if the patient misses a pill and common side effects.

Copies are available from Sue Jackson, Ortho-Cilag Ltd, Saunderton, High Wycombe, Bucks HP14 4HJ.

Dentists' pay review

The Government has announced the setting up of a review into the way the UK's dentists are paid.

The review will be headed by Sir Kenneth Bloomfield, former head of the civil service in Northern Ireland, who will be backed by a panel of expert advisers. He is thought to have been invited to produce options for change rather than a single recommendation. Minister for Health Dr Brian Mawhinney will oversee the review.

Last week, the country's dentists voted to take action over the Government's decision to cut pay by 7 per cent (C&D last week p52).

Care in the community needs more co-operation

I have always believed that the patient's independence should be encouraged, and that assistance by any members of the health or social services should only be offered when genuinely required. Domiciliary delivery services by pharmacists fall into this category and although I do deliver to many incapacitated patients most prefer to make the journey to the shop if able, as much for companionship as necessity.

There is one such lady I have delivered to for many years. In that time I have often provided a sympathetic ear and have inevitably become familiar with her particular problems. The other day, when I went round, she was obviously in distress sufficient to cause concern and since she was not even in a condition to speak coherently and had no relatives to help, I telephoned her doctor myself.

It was at this point that all talk of co-operation between primary services was put to the test and found wanting. I was virtually accused of interfering and, being merely a "delivery boy", could not possibly be aware of her problems. I was patient, persuasive and persistent to the point that the doctor grudgingly agreed to visit when an ambulance was immediately called and a potential disaster averted.

My shoulders are broad and the patient's welfare is more important than my pride, but if community pharmacists are to be encouraged to participate in domiciliary services then the medical profession must respond by discussing constructively our concerns for a patient's welfare. To be fair this particular doctor was of the "older generation" but with the increasing emphasis on maintaining patients in the community a genuine team

effort will be required to ensure some do not "slip through the net".

The pharmacist, often vising when the patient is not "ill", is an informed visitor whose opinions must be treated seriously and not as interference by doctors jealously guarding their territorial rights.



Galenicals killed off by legislation

The range of packed good and bulk galenicals I stock has steadily shrunk to the point of insignificance and I, and many of my customers, mourn their passing. I used to sell orange flower water, rose water, saltpetre, spirits of salts, carbon tetrachloride, camphorated oil, white iodine, acetic acid, ammonia... the list is almost as long as my memory but now either the products are no longer available or labelling and storage requirements for broken bulk are so restrictive that the supply of yesterday's simple request is today's sharp intake of breath.

Part of the reason for this reduction in our traditional stock in trade is the increasingly onerous legislation which has necessarily to be complied with before the simplest of products can be marketed or supplied.

Descriptions must be accurate, instructions comprehensive and hazardous warnings emphasised. Storage, expiry and packaging all have to comply with strict regulations and every

precaution against liability covered in triplicate.

The days of the purchaser accepting, after guidance from his friendly pharmacist, liability for his own welfare in the use of basic products have now gone to be replaced by uniform, prepackaged innocuities.

I appreciate the potency of today's modern preparations and the logic of their encouragement in use but I still regret the passing of the old folk remedies and formulae. Soon, as time quickly passes, the knowledge of how to make and use them will also be lost and if it does not come in a sealed packet with full instructions, will be useless. One more step backwards towards 1984 and an irreplaceable loss that I believe we will all live to regret.

Off to Germany?

I am delighted that Zovirax cream is now available over the counter in Germany (C&D July 11, page 72). Now all I have to do when a patient with cold sores seeks my advice is, instead of grinding my teeth in frustration, suggest they undertake an immediate day trip to Hamburg and visit the Apotheke!

Setting a high target

Brave words indeed, with even braver ambitions, in the Government's White Paper "The Health of the Nation", with particular emphasis placed on disease prevention rather than cure. If, however, the Government is leading by example then the prognosis for the patient is poor.

A reduction from 33 per cent to 20 per cent in smokers by the year 2000 is great news but how is this result to be achieved?

When asked in a television interview, Mrs Virginia Bottomley, the Health Secretary, indicated that the reduction would be by persuasion but that tobacco manufacturers would still be allowed to advertise.

Smoking is the undisputed king when dangers to health are considered and advertising can do nothing other than to encourage its continuance.

Topical REFLECTIONS

What smokers may ask you about Nicotinell

As with any new treatment, there are always questions which your patients will ask. These are the most common questions which they are likely to raise about Nicotinell.

Q. Why do the patches come in 3 different sizes?

A. Nicotinell comes in three doses, so that you can be gradually weaned off your nicotine dependence. If you smoke 20 or more cigarettes per day, you should use Nicotinell TTS 30 for the first month, Nicotinell TTS 20 for the second month and Nicotinell TTS 10 for the third month.

Q. Why is the 'Patient Support Pack' important?

A. Overcoming nicotine dependence is only one part of giving up smoking. The 'Patient Support Pack' gives help with stopping the smoking habit. It helps you plan how you will quit, and gives encouragement throughout the 3 month 'Nicotinell Treatment Programme'.

Q. Where should I wear the patch?

A. The Nicotinell patch should be applied to a dry, non-hairy area of skin on the trunk or upper arm.

Q. How often should I change the patch?

A. Every day, first thing in the morning.

Q. Should I take the patch off at night?

A. No. It is important that you have a constant level of nicotine in your blood, 24 hours a day. If you took the patch off at night, the low nicotine levels in your blood in the morning could increase your craving for a cigarette.

Q. Can I wear the patch in the shower or bath, and when I play sport or go swimming?

A. Yes. The patch has a special adhesive which works even in the wet.

Q. Does it work?

A. Nicotinell can help to overcome nicotine dependence, reduce cravings and lessen unpleasant withdrawal symptoms. But breaking the smoking habit still needs willpower. So how successful you are depends on how committed you are to succeed.

Q. Will I put on weight?

A. At the end of a 3 month trial with the 'Nicotinell Treatment Programme', patients who had quit using Nicotinell on average gained just 0.2lb, compared to 9.7lb in patients using a placebo patch.¹



The 'Patient Support Pack' above will be automatically provided with each pack of Nicotinell TTS 30.

NEW
Nicotinell[®]
transdermal nicotine
TTS

helps to overcome nicotine addiction

Nicotinell® TTS Prescribing Information
Presentation Transdermal therapeutic system containing nicotine, available in 3 sizes (10cm², 20cm², 30cm²) releasing approximately 0.7mg/cm²/24 hours.
Indication Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage** Subjects should stop smoking completely when starting treatment. For those smoking more than 20 cigarettes a day, treatment should be started with Nicotinell TTS 30 once daily applied to a dry, non-hairy area of skin on the trunk or upper arm. Those smoking less should start with Nicotinell TTS 20 once daily. Sizes of 30cm², 20cm² and 10cm² are available to permit gradual withdrawal

of nicotine replacement, using treatment periods of 3-4 weeks with each size. Total treatment periods of more than 3 months and doses above 30 cm² have not been evaluated. **Contraindications** Non-smokers, occasional smokers, children. As with smoking, Nicotinell is contraindicated during pregnancy and breast feeding, and in acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, diseases of the skin which may complicate patch therapy, and known hypersensitivity to nicotine. **Precautions** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus,

renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. Keep out of the reach of children at all times. **Side-effects** Smoking cessation is associated with withdrawal symptoms. The most frequently reported adverse events in controlled clinical trials regardless of any causal association were: reaction at application site (usually erythema or pruritus), headache, cold and flu-like symptoms, insomnia, nausea, myalgia, and dizziness. Occasionally: blood pressure changes, other central nervous system effects and gastrointestinal disturbances. See full prescribing information. **Packs** Nicotinell TTS 10 (PL0001/0161) in packs of 28 patches, trade price, correct at time of

printing, £32.83. Nicotinell TTS 20 (PL0001/0162) in packs of 28 patches, £34.56. Nicotinell TTS 30 (PL0001/0163) in packs of 28 patches, £36.28. ® denotes registered trademark. Full prescribing information is available on request from Geigy Pharmaceuticals, Wimblehurst Road, Horsham, West Sussex, RH12 4AB. Telephone (0403) 50101. **Reference** 1. Abelin T et al. Controlled trial of transdermal nicotine patch in tobacco withdrawal. *Lancet*, 1989; January 7: 7-10.

GEIGY
Your Partner in Health Care

Scriptspecials

Pancrease HL for enzyme supplementation

Cilag are introducing Pancrease HL, an enzyme supplementation therapy for cystic fibrosis and other conditions where there is a deficiency of exocrine pancreatic enzyme. It will be available from wholesalers from July 21.

The capsules contain homogeneous, enterically coated minitables of pancreatin BP with an enzyme activity higher than standard preparations. Each capsule gives not less than 25,000 BP units of lipase, 22,500 BP units of amylase and 1,250 BP units of protease.

The enteric coated minitables resist gastric inactivation and deliver therapeutic levels of biologically active enzymes into the duodenum.

Where patients are already taking a lower dose enteric coated pancreatin supplement, the higher lipase content of Pancrease HL may enable a reduction in consumption of

approximately one third. However, an individual's response should be monitored during the first weeks and the dose adjusted if necessary.

Product licence holder Cilag Ltd, Saunderton, High Wycombe

Presentation White, opaque capsules with a red band and the letters HL in red on the body and cap. Each capsule contains light brown, enterically coated minitables

Indications Exocrine pancreatic enzyme deficiency as in cystic fibrosis, chronic pancreatitis, post pancreatotomy, post gastro-intestinal bypass surgery and ductal obstruction

Dosage and administration For adults and children, one or two capsules during each meal and one with snacks. The exact dose needs to be adjusted based upon the parameters of steatorrhoea and symptomatology.

Where swallowing capsules is

difficult, they may be opened and the minitables taken with liquids or soft foods which do not require chewing. Contact with food with a pH higher than 5.5 can dissolve the coating of the minitables and reduce the efficacy

Side effects The most frequently reported adverse reactions are gastro-intestinal — abdominal discomfort, nausea, vomiting, perianal irritation or inflammation. Less frequently, allergic-type reactions, generally of the skin, have been reported.

Contra-indications, warnings etc Hypersensitivity to pork protein or any excipient. The safety of Pancrease HL during pregnancy and lactation has not been established

Legal category P

Packs Tubs of 100 capsules in outers of ten (NHS price £361.80) or single tubs of 500 (£180.90).

Licence number 0076/0157

Issued June 1992

Medical Matters

Oestrogen in oophorectomy

Oestrogen patches and implants, although not equivalent in terms of hormone profile, are equally effective in preventing hot flushes after oophorectomy. However, a study in the *British Medical Journal* questions whether patches will be as effective as implants in conferring the many long term benefits of oestrogen replacement in oophorectomised premenopausal women.

The study compared patches with implants in 28 women undergoing bilateral oophorec-

tomy. Before the operation no one complained of hot flushes. After four months of treatment two of the 12 women in the patch group and three in the implant group were affected.

The mean concentrations of oestradiol did not differ significantly between the two groups. However, mean levels of follicle stimulating and luteinising hormones were significantly higher in the patch group at two months and four months.

Antitussive in Parkinson's

Preliminary results using the antitussive dextromethorphan in Parkinson's disease suggest that at higher doses there is an improvement in some symptoms.

According to *The Lancet* (July 4), six Parkinson's disease sufferers taking levodopa and carbidopa with or without bromocriptine, and six patients not taking any medicine were given dextromethorphan starting at 45mg a day and increasing to 90, 120 and 180mg a day at weekly intervals.

The lowest doses of 45 and 90mg per day did not modify symptoms but the higher doses showed a dose-dependent improvement, particularly in tremor, rigidity and finger tapping. A week after withdrawal, motor performance returned to normal. Experimental data has suggested there is a role for certain glutamine receptor antagonists in the treatment of Parkinson's. Dextromethorphan is a non-competitive antagonist of these receptors

Ondansetron combination for emesis

Ondansetron and dexamethasone is more effective in the prevention of cisplatin-induced emesis than the combination of metoclopramide, dexamethasone and diphenhydramine, Italian workers have found.

A study (*The Lancet* July 11) randomly assigned cancer patients receiving cisplatin chemotherapy to these two treatment regimes. Complete protection against emesis was achieved in 78.7 per cent of patients receiving the ondansetron regime (group A) and in 59.6 per cent of the metoclopramide group (B).

Complete protection from both nausea and emesis was achieved in 69.1 per cent of group A patients and 50.4 per cent of the metoclopramide group.

When deciding if ondansetron plus dexamethasone could replace the metoclopramide regime, the authors say that the fact that the latter does work in large number of patients should be taken into account.

Cox carbamazepine

Cox Pharmaceuticals are introducing carbamazepine tablets in three strengths; 100mg (500, £15.87), 200mg (500, £27.17) and 400mg (100, £11.70). All strengths are white circular tablets marked G and CB/100, G and CB/200, and G and CB/400 respectively. **Cox Pharmaceuticals. Tel: 0271 75001.**

Evans update

Evans Medical are re-introducing calcium lactate tablets BP 100 × 300mg, and codeine phosphate tablets 100 × 60mg and 250 × 15mg, which had been temporarily withdrawn. Acetone BP 2 litre, anise water conc BP 100ml and toluene 2 litre are discontinued and all back orders have been cancelled. Magnesium trisilicate powder for mixture BPC is temporarily withdrawn. **Evans Medical Ltd. Tel: 0582 608308.**

Iodoflex on FP10

Iodoflex (cadexomer iodine paste) is now reimbursable and available in the community on FP10 as well as in hospitals. There was a short period of initial confusion which has now been clarified by discussions through the Department of Health. **Perstorp Pharma Ltd. Tel: 0865 891424.**

Changes from Ciba

Ciba-Geigy are changing the presentation of Lopressor SR tablets 200mg from round film-coated tablets to capsule-shaped, film-coated tablets with a deep score on both sides, imprinted CG/CG on one side and CDC/CDC on the other. The colour will remain unchanged. Ciba-Geigy are discontinuing packs of 100 Rimactazid "300", which is now available in pack size of 56 for original pack dispensing. **Ciba-Geigy Pharmaceuticals. Tel: 0403 50101.**

Seton's Steripods

The new range of Steripod antiseptic solutions from Seton Healthcare are, they say, equivalent to ICI's Savlodil and Hibidil solutions, withdrawn from the UK market in April. If 0.015 per cent chlorhexidine with 0.15 per cent cetrimide solution (Savlodil) is required, Steripod chlorhexidine/cetrimide is an appropriate substitute. If 0.05 per cent chlorhexidine gluconate solution (Hibidil) is required, Steripod chlorhexidine should be prescribed. The solutions are packed in 20ml vials (25 £6.50). **Seton Healthcare Group plc. Tel: 061-652 2222.**

Corsodyl on FP10

Corsodyl spray can be prescribed by GPs on FP10, not as reported in C&D June 6.

Counterpoints

J&J add K-Y Lubricating Pessary

Johnson & Johnson have launched K-Y Lubricating Pessaries, available only in pharmacies, following a successful trial in Boots.

Like K-Y Jelly, the new Lubricating Pessary (£4.25 for ten) provides personal lubrication. The pessary is water-based and the format ensures more discretion, say J&J. The ingredients are the same as for the jelly, except for a waxing agent to provide the pessary form.

In a survey, 76 per cent said the pessary was more convenient than a jelly and 58 per cent of non-users of K-Y Jelly said they would buy it.

For the launch of K-Y Pessary, J&J have developed a campaign aimed at pharmacists, other health professionals and consumers. Pharmacists will receive a merchandising unit including two free samples of the product in a special mailing. A pre-pack display unit is available, holding six packs and consumer leaflets which include a £0.49 money-off coupon. This is available free with the first 3,000 orders from



pharmacy wholesalers from August 1.

The pessary will be promoted to consumers via a £500,000 campaign, through which consumers can obtain free samples.

The K-Y range will be promoted to 18,000 health professionals, who will be provided with free samples for their patients. **Johnson & Johnson. Tel: 0628 822222.**

Denorex 2 in 1 variety

Whitehall are launching a 2 in 1 variant of Denorex anti-dandruff shampoo.

Denorex 2 in 1 shampoo and conditioner offers the same anti-dandruff proposition as the regular shampoo, but contains a conditioner to leave hair

shiny and tangle-free, say Whitehall. Packaging will be purple with the Denorex branding.

The new variant will retail at £3.89 (125ml). A 25ml trial size will also be available (£0.75). **Whitehall Labs. Tel: 071-636 8080.**

Extra vitamins from Healthcrafts

Healthcrafts have developed a number of value-added promotions for Summer.

The company is offering 20 per cent extra free on High Potency vitamin C 30 and 90 tablet packs, High Potency vitamin E 600iu packs (£5.49 for 36), PRN Mega-C 1500 tablets (30s), Compleat cod liver oil 30s and 90s and oil of evening primrose 500mg and 1000mg 30s.

Consumers will be offered a free pack of Compleat cod liver oil capsules (30s) when they buy two different products from a list of ten products, chosen by the pharmacist. Retailers will receive a free case of cod liver oil with every two cases ordered.

On the one-a-day range

Healthcrafts are offering an extra seven days free supply on cod liver oil, evening primrose oil 500mg, odourless garlic, multivitamins with iron and calcium, time release vitamin C 500mg. The vitamin C extra with bioflavonoids is now available in a 30 tablet pack (£3.49).

Superted ACD vitamins will feature a free trial size six-tablet blister pack. Parents will be invited to take a free sample from a tray dispenser at point of sale.

The promotion will be supported by in-store posters. The two Superted products will also contain 20 per cent extra.

Healthcrafts Ltd. Tel: 0932 336366.

Crookes address stress

Half of all time taken off sick is attributed to stress-related illness, say Crookes Healthcare, who have produced a 24-page booklet "Stress — a guide to understanding and prevention".

The booklet covers the major causes of stress and explains how it can affect

both body and mind. Under the Asilone umbrella the guide gives the causes and cures for stress-induced stomach problems. For free copies write to: Stress booklet offer, PO Box 63, High Wycombe, Bucks HP10 8XA. **Crookes Healthcare. Tel: 0602 507431.**

New look Lloyd's

Seton Healthcare have relaunched the Lloyd's Cream brand with new packaging.

The cream, which offers odour-free relief from muscular aches and pains, has retained its original formula and GSL status.

The relaunch is being supported by advertising in women's magazines and pharmacy promotional activity.

Seton Healthcare are offering a six for five, free stock offer on Mycota Athlete's Foot products.

As part of a Summer promotional campaign, exclusive to pharmacy, a merchandising display unit is available with six of each of the three Mycota products. The stock offer is available while stocks last. **Seton Healthcare. Tel: 061 652 2222.**

Win a holiday

Unichem have joined forces with Sterling Health's Solpadeine in an offer giving pharmacists the chance to win one of six Autumn breaks for two in Southern Ireland.

The competition is being run throughout August. To qualify for entry pharmacists need to order eight packs or more from the Solpadeine range, and answer five questions. There are 50 runners-up prizes of a Parker pen and pencil set.

Unichem are also offering customers the chance to win one of 52 holidays in Cyprus, Majorca or Portugal. To qualify pharmacists need to order £40 worth of stock from a selected range. **Unichem. Tel: 081-391 2323.**

Ames Clinitek offers desk top analysis

Bayer Diagnostics are launching a bench top urine chemistry analyser, the Ames Clinitek 100.

The instrument, priced at £1,250, is designed for use with Ames Multistix 10SG, a reagent strip which provides analysis of 10 parameters.

An integral printer produces results immediately, and an LCD display gives immediate on-screen results as each

test is read. All tests are completed within 60 seconds, approximately half the time of most visual tests.

Operation is via a simple numerical keypad and samples can be pre-coded on a numerical basis. Abnormal results are highlighted. Results from up to 100 patients can be stored on the Clinitek. **Bayer Diagnostics Ltd. Tel: 0256 29181.**



NEW TASTE



NEW NAME



NEW PACKS



SEE BOX FOR DETAILS.

The United Kingdom's number one soluble general pain killer is being re-launched on television. Backed with a one million pound advertising spend.

And as if that wasn't enough to give our competitors a headache, Disprin now has an improved taste.

Solmin is also being re-launched



as Disprin Direct, a unique chewable tablet you can take without water.

So now would be a good time to stock up with the Disprin range.

Because a new television ad from us is going to produce new customers for you.

RECKITT & COLMAN
PRODUCTS

DISPRIN AND THE SWORD AND CIRCLE ARE REGISTERED TRADEMARKS.

Milupa relaunch baby milks

Milupa have relaunched their baby milks Aptamil and Milumil, introducing new packaging, smaller pack sizes and finer granulation. The formulations remain unchanged.

The new packaging complements Milupa's food and drinks ranges, which were relaunched last year. In line with the new regulation for baby milks, the packs no longer feature mother and baby.

A white band across the top of the box holds concise information about the product, including age suitability. Colour bands on the side of the pack provide nutritional details. New bottle labels, which complement the packs, have been produced for hospital use.

The finer granules have enabled Milupa to reduce



pack sizes by 20 per cent, although they still contain the same weight (450g and 900g) and hence the same number of feeds.

New POS material is available, including leaflets highlighting the relaunched packs, and

shelf talkers. Press advertising is planned for the Autumn.

● The infant milks market is worth £105 million at rrp (Nielsen), a 78 per cent increase over the last six years. **Milupa Ltd. Tel: 081-573 9966.**

Cow & Gate explain baby milks

Cow & Gate have produced a nutrition guide called "The ABC of Baby milks" for healthcare professionals and parents.

The new guide explains to parents the nutrients contained in breastmilk, cow's milk and their own Nutrilon Premium and Plus brands. It highlights why breastmilk should be preferred and explains the Department of Health's recommendations about the use of cow's milk for

babies. The free guide is being distributed to pharmacists and other healthcare professionals.

Parents can request a copy of the guide through Cow & Gate's information service. For further information about the leaflet contact: Margaret Walker, Babyfeeding Information Service, Cow & Gate, Trowbridge, Wiltshire BA14 0XQ. **Cow & Gate Ltd. Tel: 0255 768381.**

New Baby Buds pack

Vantage Baby Buds are now available in a see-through plastic dispenser pack, which can be fixed onto the wall.

The buds now feature 100 per cent pure cotton tips and pricing remains the same (£0.56). A trade outer of 12 packs of 200, at £6.48, costs the same as a trade outer of the old Vantage 180 bud packs. The new 200 pack will retail at £0.87.

Refill packs of 200 buds (£0.69) are also available at £5.22 for a trade outer of 12. **AAH Pharmaceuticals. Tel: 0928 717070.**

Maws ads on TV

A new television campaign for the Maws range of baby feeding products is being launched by Addis.

The campaign is set to break on August 3 and will run over an eight week period to reach a target audience of 2.5 million housewives with children under three, says the company.

The campaign is part of a year-long £600,000 campaign which also includes consumer Press support for the Resolve teat and Sun Care ranges. **Addis Ltd. Tel: 0992 594221.**

Mothers heed healthcare advice

Twice as many women are taking extra health precautions when planning a pregnancy than in 1991, according to the findings of the 1992 Farley's Report "Snakes and ladders — what price motherhood?"

The research, conducted for Farley's by Gallup among 400 mothers with babies under 18 months, showed that the more affluent the mother, the more likely she is to take better care of herself, with 36 per cent claiming to have incorporated preconceptual care into their pregnancy planning.

However, one in three mothers drink alcohol in the first three months of pregnancy, decreasing to one in four in the last six months. The number of mothers smoking is unaffected by the stage of pregnancy, standing at 28 per cent.

Fewer women are taking medication during pregnancy. Taking drugs prescribed by the doctor has fallen from 24 per cent to 15 per cent on 1991, while drugs purchased from the pharmacy has fallen from 15-10 per cent. The number of women taking vitamins and iron tablets during pregnancy has fallen from 70 per cent in '91 to 54 per cent. However, one in five

women admitted her diet during pregnancy was not very healthy.

More mothers are delaying giving their babies cow's milk, with 34 per cent feeding it only when the baby is a year old, compared to 30 per cent last year. Two thirds of mothers use their clinic to buy baby milk and vitamins with a third always using this service rather than the pharmacy. "Given the proposed closure of NHS clinic sales operations, this points the way to long term increased business for the pharmacist", says the report.

Spending on food and nappies is up by 7 per cent, with the cost of keeping a baby for a month estimated at £74.97.

The report looks into the gains and losses of motherhood for today's women, and cites the greatest loss as time for themselves. The biggest plus point is a sense of achievement and purpose. Some 71 per cent of all mothers complain of constant tiredness.

Post-natal depression affects all but 25 per cent of mothers, with some 14 per cent still suffering up to one year after the birth. **Crookes Healthcare. Tel: 0602 221621.**

Early Learning Centre offer from Macleans

Macleans Milk Teeth is giving consumers a choice of two free offers, worth up to £1.99, from the Early Learning Centre.

Two proofs of purchase (one token per 50ml pack) allow parents to choose between a colourful Nursery Rhyme frieze or a set of eight Chubbies crayons, suitable for

children of two years and older. Macleans say the high perceived value of the offer, up to £1.99 per item, combined with easy redemption by free mail will create considerable interest in the promotion which begins in mid-July. **Smithkline Beecham Health & Personal Care UK. Tel: 081-560 5151.**



Unichem have launched an own label cotton wool designed with children in mind. The cotton wool is a blend of 60 per cent cotton and 40 per cent viscose, which avoids the fluff associated with 100 per cent cotton wool products, say Unichem. It comes in either pleat (200g £1.20) or roll form (350g £1.49) and is available in trade outers of 24 packs. **Unichem. Tel: 081-391 2323.**

Supersoft on TV

Schwarzkopf are launching the second phase of their television campaign for the Supersoft 3 Weather range. It will run from July 20 until August 9 in all areas. **Schwarzkopf Ltd. Tel: 0296 88101.**

Covermark

Cupharma Ltd have taken over distribution of the Covermark range of camouflage cosmetics in the UK. **Cupharma Ltd. Tel: 0494 522114.**

Actibrush offer

Colgate Actibrush is

available to pharmacists at special prices from Unichem throughout July. Further details are listed in Unichem's latest promotion catalogue. **Colgate-Palmolive Ltd. Tel: 0483 302222.**

Numark gifts

Numark are offering a catalogue-based incentive scheme to members who purchase from the range of Numark Surgical Dressings during August. Pharmacists placing an order, worth £150 or more, will receive a full colour gift catalogue. **Numark. Tel: 0827 69269.**

Trade direct with the National Brand Leader- Lady Jayne



AND PROFIT FROM THE LAUGHTON CUSTOMER CARE PROGRAMME



Laughton
London

- Preferential terms and improved margins.
- Internationally recognised pharmacy brands with high consumer loyalty.

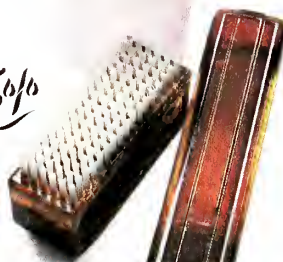
- Professional sales and merchandising service.
- Increased stock-turn through effective range management.



- National consumer advertising supporting exciting new product development.

*Lady Jayne
&
petite*

Solo



- Dedicated POS and display units.



*It's the perfect partnership
for extra sales and profit.*

LAUGHTON PRODUCTS ARE ALSO AVAILABLE FROM
THE FOLLOWING APPROVED DISTRIBUTORS.

Aberdeen Chemist Sundries	_____	Aberdeen
Cory Bros Ltd	_____	London N3
Crosskills (P.E.) Ltd	_____	Norwich
Dolphin Munday Sundries Ltd	_____	Stroud
EMT (East Midland Toiletries)	_____	Nottingham
George Mitchell & Co Ltd	_____	Newcastle
Greenheys-Weenytot Ltd	_____	Preston
Kenpen Sundries	_____	Wolverhampton
Kingfisher Sales Co	_____	Tunbridge Wells
McEwans Chemist Sundries	_____	Manchester
Norscot Pharmaceuticals	_____	Aberdeen
Dennis E Riches	_____	Romford
Roundhay Wholesale Sundries Ltd	_____	Leeds
Sherlock Bros	_____	London SW18
Silkgrange Ltd	_____	London N17
UniChem PLC	_____	National

LAUGHTON

Laughton & Sons Ltd, Warstock Road
Birmingham B14 4RT. Tel 021 436 6633

Pharmacies miss out in wet shave market

Pharmacies are missing out on the valuable wet shaving preparations market, according to the latest Gillette Shaving report "Looking Good".

While currently outperforming other outlets in the blades and razor market with nearly 40 per cent of the £107.8 million market, pharmacies have only 52 per cent of the preparations market, with Boots on 24 per cent, drugstores on 13.7 per cent, independent pharmacies 10.5 per cent and other multiple pharmacies only 4.4 per cent.

This compares with the top five groceries which between them hold almost one third of the preparations market.

In the last year alone, the shaving preparations market grew 6.6 per cent, to stand at £32m.

Shaving foams currently account for over half of the market in the UK, although it is the shaving gel market which is

fuelling growth and adding value to the preparations market, according to the survey, now accounting for 22 per cent of the market since their launch three years ago.

This is primarily due to age specific trends, with men in the 55 plus age group preferring sticks and creams, while 66 per cent of those in the 15-34 age bracket prefer aerosol gel and foam formulations.

One of the major reasons sales opportunities are being overlooked is because many of the top-selling preparations brands are "seriously under-faced" on the shaving fixture, states the report, while space is not being allocated according

to the rate of sale.

Gillette makes a number of recommendations in the report including increasing profitability by listing and giving most facing to those products with the highest cash yield, ensuring the fastest selling products get maximum exposure, displaying systems handles above the appropriate cartridge types, reducing consumer confusion by grouping razors and blades by category and by brand within each category and including preparations as an integral part of the saving fixture, that is displaying products as ranges rather than by product type. **Gillette UK Ltd. Tel: 081-560 1234.**

Ultrabrite relaunch

Ultrabrite toothpaste is being relaunched with a new, stronger taste and new packaging.

Colgate say the cooler, mint flavour is significantly preferred by consumers.

The new, predominantly blue packaging is said to be more noticeable on the shelves.

Ultrabrite's fluoride content is highlighted in red on the pack.

The relaunch will be supported by TV

advertising and an extensive on-pack promotion, with 10 per cent extra free on the new 50ml size, and 10 per cent extra free as well as a coupon offering 10p off the next purchase, on the 125ml size.

Suggested retail prices of £0.59 (50ml) and £1.09 (125ml) for Ultrabrite make it the cheapest branded toothpaste, according to Colgate. **Colgate-Palmolive Ltd. Tel: 0483 302222.**



Twin pack special from Wisdom

A "special price" twin pack promotion on Wisdom Plaque Control and Sensitive toothbrushes will continue running until the end of July.

The promotion offers

toothbrushes, which would normally retail for £1.49 each, in a twin pack for £1.99, saving the consumer around 99p. **Addis Ltd. Tel: 0992 584221.**

Clarins all purpose brush

Clarins have added a multi-purpose make-up brush to complement Le Maquillage Clarins.

Retractable and made of soft natural hair, the brush (£16.50) has three settings for use with different powder products. Setting 1 for blusher, 2 for powder compact or bronzing powder, 3 for loose powder. **Clarins Ltd. Tel: 071-629 2979.**

Free Wella hot oil

Wella are promoting their Hair Lightener and Hair Streaking Kit with the offer of a free Wella Balsam Massaging hot oil treatment with every purchase.

The free treatment will be in special stickered packs of the two kits, together with a consumer leaflet and a 30p off coupon, redeemable against a pack of three hot oil treatments. The offer runs while stocks last. **Wella Great Britain. Tel: 0256 20202.**



Simpkins have launched a range of Horex chocolate assortments for Christmas. Shown here are Prinz Von Hamburg (300g £6.45) white, milk and dark continental chocolates; Red Roses (200g £4.25), a mix of white, milk and dark chocolates; Fruit Pralines (100g £2.49), exotic fruit centres in a plain chocolate shell; Yogurt Pralines (75g £1.99), milk chocolates with a yogurt filling. Orders will be taken until the end of September for delivery in late October or early November. **Simpkins & Co Ltd. Tel: 0742 348736.**

Unichem own label discount bag offer

Unichem are offering customers up to 25 per cent off all their own label cosmetic bags and holdalls.

The offer runs for the rest of the year (while stocks last) and includes 15 lines. A six pack of

men's holdalls are offered at £9.23 (£12.30) and men's gladstone bags are discounted to £10.35 for a six pack. Satin cosmetic purses are offered at £7.02 for six and hangers at £11.34. **Unichem. Tel: 081-391 2323.**

On TV Next Week

GTV Grampian	C4 Channel 4	TV-am Breakfast
B Border	U Ulster	Television
BSB British Sky	G Granda	STV Scotland (central)
Broadcasting	A Anglia	Y Yorkshire
C Central	TWS South West	HTV Wales & West
CTV Channel Islands	TTV Thames	TVS South
LWT London Weekend Television		TT Tyne Tees

Bodyform Plus:	All areas except G, C, CTV, C4, LWT, C4
Brut:	All areas except CTV, LWT, TTV, TVS, TV-am
Colgate Great Regular Flavour:	All areas
Clairol Glints:	All except TV-am, LWT, G, HTV, A
Disprin:	GTV, STV, B, G, Y, C, TVS, C4
Immac:	All areas except LWT & TVS
Oilatum:	All areas
Oxy:	All areas
Ponds aloe vera:	All areas except U, C4, BskyB
Rennie:	U, STV, A, B, HTV, TTV, C4, TVS
Salon Selectives:	All areas except TTV
Slim-Fast:	All areas
Solpadeine:	All areas
Settlers Tums:	All areas
Timotei Honey shampoo:	All areas except TV-am
Wrigley's Extra & Orbit:	All areas

*Charwell? Yes,
I stopped
smoking thanks
to them.*



With just
enough
nicotine in
each tiny

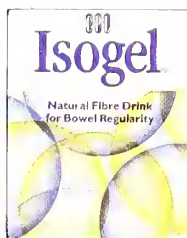
capsule to ease the craving
for a cigarette, thousands of
smokers every year find the
extra help they need from
Stoppers. And at only £2.19
for thirty, they know it won't
break the bank to break the
habit.

With Charwell's commitment
to national advertising
support, thousands of new
customers will be asking for
Stoppers and our other
products. In fact, continuous
advertising across all our
brands will be seen by over
19 million potential
customers.

Effective products and
effective marketing—that's
why Charwell brands make
profits for you.

CPL

CHARWELL
CARE FOR YOUR
CUSTOMERS
PROFIT FOR YOU



LEADING THE WAY in chemist sundries

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A specialised team develops exciting and innovative products that are packaged in a dedicated packaging plant, which also produces private label product ranges. Quality control, barcoding, design and packaging requirements are all integral parts of the product development programme. A nationwide network of eighteen sales executives provides a fast and efficient response to customer requirements, with a guaranteed overnight delivery service ensuring that orders are delivered within 48 hours.



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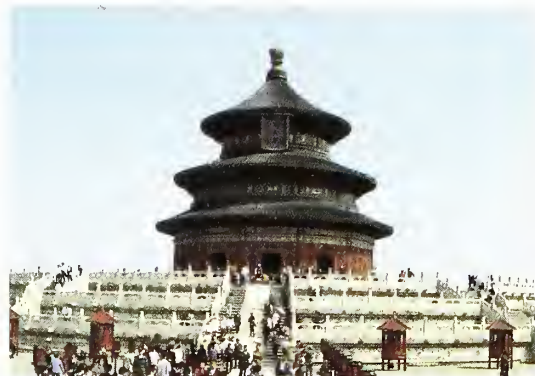
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Win a trip to China at Chemex '92



Ever dreamt of visiting China? Visitors to Chemex '92 will have the chance to win a £2,000 trip of a lifetime to Beijing with China Travel Services.

The five night holiday for two can be won simply by visiting the China Travel Service stand where information on how the prize can be won will be on display.

The winner will receive tickets to stay in the Holiday Inn Lido hotel in Beijing, with visits including the Forbidden City, Ming Tombs and the Great Wall. There will also be details of a special offer for Chemex visitors to visit China at a discounted rate.

A number of other promotions and incentives to tempt pharmacists will also be available. Elida Gibbs are inviting visitors to enter a "spot the volleyball" competition with a luxury holiday as first prize while, if you prefer to choose your own destination, Cupal are giving away £1,000 worth of Thomas Cook travel vouchers in a draw.

Rimmel are offering visitors a free makeover and the chance to enter a prize draw for a VIP beauty day at Ragdale Hall.

Aromatherapy Products are giving pharmacists the chance to win an order worth up to £2,000 and new customers are offered a 10 per cent discount.

Pharmacists interested in revamping their premises can seek advice at a number of stands. ZAF Ltd will be well have staff on hand to advise on modular counters, storage systems and medicine management. Jones Packaging will have their range of polythene and paper bags on display and The Point of Sale Centre will show items available from their mail order service.

For advice on computers

Hadley Hutt will be displaying their PILLS and POSHH systems and a new stock control system CHECKOUT. Fairsan will be exhibiting their Warehouse, Head Office and Epos systems.

Other exhibitors will include Adams Business Systems, Channel Pharmacy Systems, Geller Business Machines, Park Systems and Simple Software.

With Christmas rapidly approaching, some Christmas gift ranges will be on show. Montagne Jeunesse will be displaying their new selection of six eco-friendly toiletry sets with a Sea-Life Conservation theme, for example, while Creightons Naturally will show their new boxed and novelty soaps, presentation baskets and boxes containing a selection of toiletries.

Kent Cosmetics have a range of sets to complement their Apple Blossom products. Claydon Wholesale will be launching a product to complement their range of jewelry and hair accessories.

The hand and nail care market will be well represented. Mavala have chosen the show to launch a range of tweezers, scissors and pliers, and visitors will be able to book a Mavala product training course for stockists. Original Additions will be exhibiting their Elegant Touch range and launching their Autumn collection and Rimmel will be exhibiting their Cutex range, with the new colours for '93 on show.

Newton Chemical will be showing their Lee Nail Clinic products and Grafton International their Develop 10 nail strengthener. **MG Exhibitions Ltd. Tel: 081-302 8585.**

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Chemist & Druggist 18 JULY 1992

Rimmel change face

The cosmetics company has adopted a new way of working, which it says will benefit staff, customers and ultimately the consumer. Sarah Purcell takes a look behind the scenes.

The shop floor workers at Rimmel are taking over. That doesn't mean they're out on strike, but that the management have decided to allow them a real hand in the running of the company. And it makes sense. "The people that really know these products are the ones that make them. So if you want ideas on how to improve them, you should ask them," explains Sue Upshall, trade sector manager for independent pharmacies.

Walking around the main plant at Ashford the results are self-evident. Production workers are eager to demonstrate how their work has been made easier and the machines more effective by a few simple changes, suggested by themselves.

Most of them would have been reluctant to talk to visitors a couple of years ago, says Ms Upshall — before the changes. A woman working on the lipsticks machine proudly tells how it turns out a staggering 18,000 lipsticks per day, with an average of just five rejects.

"Before the changes there were often 200 every day and we thought nothing of it," she explains. "But they probably won't be happy until there are no rejects now," says Ms Upshall. The woman happily takes charge of the tour at this point and competently explains the function of each part of the machine.

Total Quality

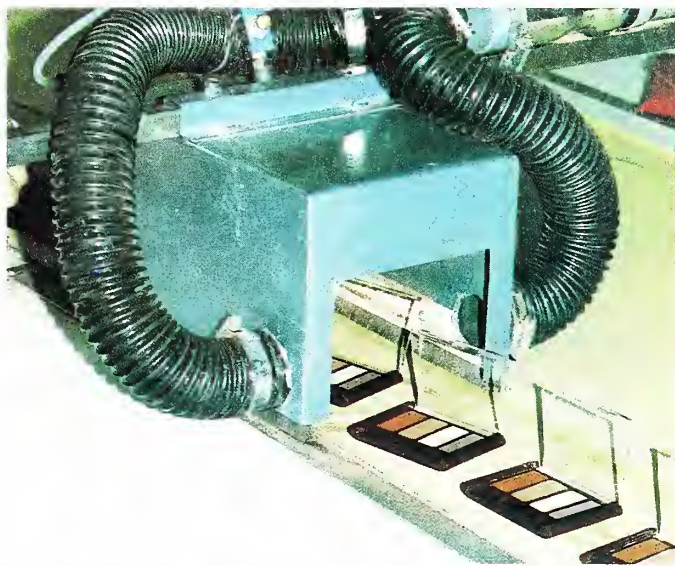
So what has prompted this change of direction? An approach called "Total Quality". It sounds like an American management term. It is an American idea, though was first pioneered in Japan during the post-war economic revolution. The Americans saw how the concept had worked for the Japanese and took it to their own factories. In a nutshell, Total Quality (TQ, as it is generally known) is a way of achieving optimum improvement in an organisation by changing its way of thinking. At Rimmel they describe it as focusing on customers, empowering people, understanding business processes and continuous improvement.

The idea of using this

approach at Rimmel was born 18 months ago, soon after they were acquired by Unilever, who already had experience of the scheme. Within seven months, every member of staff had been trained in the new way of thinking. One member of staff, Rob Stephenson, became TQ co-ordinator and trained selected team leaders throughout the company. These leaders in turn would train a group of people in their own department. This meant that staff who had no previous experience of public speaking were given a chance to develop new skills, hence "empowering people".

Harnessing skills

In an employee survey conducted in 1990, staff felt their skills were not being used to their potential and some said they did not feel appreciated. Here was a step in the right



Machine designed by department improvement team to vacuum-remove loose powder from compacts



The powder assembly department improvement team redesigned the slant of the line to prevent scratching compacts

direction. Let the employees should forget the new company philosophy, each member has a pocket guide. It features the slogan "Quality and service are our business, innovation is our future", which is seen writ large all over the Ashford plant.

Tangible results of the training include a company newsletter, suggestion boxes, personal incentives such as restaurant vouchers, notice boards to communicate personal achievement. One employee showed us before and after photographs of herself working on her machine, demonstrating how it had been improved by her own ideas.

There are regular team briefings and this month, for the first time, everyone will receive a list of the company's business objectives.

In addition to this the plant

itself is being modernised to improve working conditions. Improvement does not come cheap. Rimmel estimate £220,000 has been invested in TQ to date, and expect to spend between £50,000 and £80,000 a year on its continuation, which will include training new staff and updating existing employees.

Pharmacy outlook

This Total Quality is all very well, you may say, but how will the pharmacist benefit? It is not confined to the Rimmel factory and board room, they say, the aim is to extend it to the service they give the their stockists and get from their own suppliers.

Independent pharmacies are still the cornerstone of Rimmel's business and make up 60 per cent of the company's distribution and 27 per cent of the sales. Rimmel have a 15 per

cent brand share in their market and are sold through some 10,000 outlets. Ms Upshall was appointed trade sector manager for independent pharmacies last year and one of her tasks is to implement TQ in all aspects of Rimmel's dealings with pharmacies.

Expectations

A customer expectation study was carried out, which highlighted areas needing improvement. The main areas were shown to be display stands (better design, cleaning, removal, maintenance), lack of testers, promotional activity, communication and the return of stock. All these areas have either been resolved or are being investigated, say Rimmel. There are now pre-paid labels for return of stock, a trade newsletter "Face to Face" will be launched nationally in September, a new Sensiq display unit is now available, exclusive to independents and a stand cleaning kit is on test.

A retail sales trainer has been appointed and she will be running courses covering beauty advice, product knowledge, selling and merchandising skills, make-overs and customer care for pharmacists or assistants. Contact the customer services department on 0233 625076. A retailer training manual is also being produced.

Looking to the future, managing director Geoff Peasland says that there will be no cut off date for TQ: "It is continuous improvement". Once one goal has been achieved, another will be set.

This year has been dubbed by Rimmel "the year of the customer" — so if you know a better way of doing things, then tell them — they may well take you up on it!

Complan – the in a drink – adds gains share

Complan, Crookes Healthcare's "complete meal in a drink" brand continues to lead the nutritional supplement/meal replacement market in pharmacy. Since 1988, the total market has grown by 27 per cent, with Complan driving market growth at 33 per cent. Complan has gained three share points in value over this time – no mean feat as market leader with a large share in the first place.



complete meal a flavour and

In the 12 months to December 1991, the total value of the nutritional supplement meal replacement market was £8.3 million. Complan continues to be market leader with a 66 per cent share.

The brand's success looks set to continue with the recent introduction of new Vanilla Complan. This capitalises upon the well-received introduction of Banana Complan last year, and follows an excellent response to the new flavour in research studies.

Launch Support

Vanilla Complan's launch will be supported by an extensive promotional programme including a consumer sampling campaign, a heavyweight public relations programme encouraging new and increased usage, and tailor-made promotional support.

Traditionally Complan has been respected for its use by the ill, elderly and convalescents and, although Complan's core usage is expanding as the ageing population increases, new Complan users are also extending usage. Complan is now being regularly used by a far wider cross section of the general public. New consumers include:

- **Slimmers** who want a meal replacement with the benefit of 250 calories and balanced nutrition
- **Sportspeople** as part of their training and racing diet
- **Pregnant and nursing women** as a nutritional supplement
- **Busy people** for a speedy, nutritious and tasty energy boost

As a "complete meal in a drink", Complan offers a quick and nutritious energy boost which provides a quarter of the recommended daily amount of vitamins and minerals, as well as a balance of protein, carbohydrate and fat.

Flavour choice

Complan is available in a variety of flavours including Original, Strawberry, Chocolate, Banana, Chicken and the new Vanilla variant. Original remains the core of Complan's business, largely due to its versatility in that it can be added to foods or made up into a

nutritious drink. However, the flavours continue to increase in popularity and have the additional benefit of increasing rate of sale.

Sales in pharmacies will be supported with impactful point-of-sale material, including attractive Vanilla Complan show cards and shelf strips.



Pharmacyupdate

Antibiotic resistance and acne treatment

Bacterial resistance may develop during antibiotic therapy and the skin flora, mostly comprising *Staphylococci*, are no exception. These organisms acquire resistance to erythromycin during systemic treatment for acne and, as new evidence shows, they quickly become resistant during topical therapy.

Sixty subjects aged 18 to 30 were treated for 12 weeks with 2 per cent topical erythromycin; twice daily benzoyl peroxide 5 per cent; or a combination of both. Swabs for bacterial culture were taken from the forehead at four-weekly intervals.

Most people had two or three species of *Staphylococci* on their skin, the most common being *S.epidermidis*.

Before treatment, 23 per cent of strains were resistant to erythromycin, 16 per cent to clindamycin and 19 per cent to tetracycline. After treatment with erythromycin alone, all strains became resistant to erythromycin within four weeks and the prevalence of resistance to other antibiotics also increased.

Furthermore, the total number of *Staphylococci* returned to pretreatment levels after 12 weeks.

By contrast, bacterial resistance did not increase during treatment with benzoyl peroxide and the total bacterial population declined.

The spread of bacterial resistance increases the risk of infection: *S.epidermidis* is a common pathogen in wound infections in hospital patients and it can transfer resistance to

other bacteria. Topical antibiotics should therefore be combined with a keratolytic

such as benzoyl peroxide when possible. *British Journal of Dermatology* 1992;126:586-90



CNRI/Science Photo Library



More rubber allergies

Most dentists now wear rubber gloves to reduce the risk of infection when operating — a fact which might lead to an increase in unusual rashes in people allergic to rubber.

In three cases recently described, a rash developed around the mouth within hours of dental surgery. Two of the victims knew they were allergic to rubber but had not mentioned this to the dentist, and in two cases the rash was painful or associated with weeping sores.

Patch testing confirmed that these patients were allergic to the accelerators and antioxidants added to rubber to prolong its life.

In all cases, the symptoms resolved when the dentist operated with bare hands. A history of dental surgery and rubber allergy should therefore be checked in patients presenting with a perioral rash. *British Dental Journal* 1992;172:445-7

Poisoning children

Poisoning is common in pre-school children, partly because they are active and exploratory at this age but also because they have access to substances left about the home.

In a review of 6,000 hospital admissions between 1975 and 1986 for suspected poisoning in the Oxford region, medicines were taken by 56 per cent and plants/chemicals by 44 per cent.

Analgesics — initially aspirin and, later in the study, paracetamol — or psychotropic drugs accounted for almost half of the medicines ingested. Berries and mushrooms were eaten in almost all cases of plant poisonings. Acids, alkalis and other corrosive chemicals accounted for a fifth of chemical ingestions.

Changing lifestyle in those at risk

People with impaired glucose tolerance are at increased risk of developing cardiovascular disease and diabetes. However, this risk can be reduced by improving their lifestyle with regular exercise and a diet rich in fibre and complex carbohydrates.

However, like all attempts at risk reduction in a symptomless population, this approach is not always successful.

Thirty people with impaired glucose tolerance were randomised to receive no intervention, or advice about diet, with home visits from a dietician and family involvement, and individualised

advice about exercise.

This group also received free exercise classes and advice and support for six months, after which they were asked to continue on their own.

After six months, half of the "healthy living" group failed to comply with diet or withdrew from the study. Overall, however, calorie and fat intake had been reduced and total cholesterol levels and blood pressure had fallen. But, after two years, body weight, blood pressure and average total cholesterol were no longer significantly below baseline values.

Three of the healthy living

group had actually become diabetic.

When this group was categorised as "healthy" (at least one hour's exercise weekly and no increase in weight) or "non-healthy" (not exercising and fatter), only the "healthy" group experienced no deterioration in glucose tolerance and achieved a small reduction in total cholesterol levels.

This study shows that compliance with even a modest programme of exercise and diet is difficult to achieve in people at risk — and it also confirms the consequences of failure. *Diabetic Medicine* 1992;9:562-6

Are thrombolytics used after MI cost effective in the elderly?

Though expensive, thrombolysis after myocardial infarction (MI) is cost effective because it prolongs life of an acceptable quality. The calculations are not so clear cut for the over-75s, for whom efficacy and the expected prolongation of life are less certain.

A group of American cardiologists has addressed this issue by developing a decision model based on the limited data available on patients in

this age group.

According to data from ISIS-2 and GISSI, the major clinical trials of streptokinase, the in-hospital mortality among the over-75s with proven MI who are not given thrombolysis is 29 per cent. This is reduced 14 per cent by streptokinase (compared with 29 per cent in the under-65s).

The model also took account of the higher rates of haemorrhage and stroke which

occur in older patients given thrombolysis. Life expectancy after treatment was estimated to be 5.5 years at age 75 and 2.7 years at age 80.

The acute benefits of thrombolysis are greater for the elderly than the young: one life is saved for every 33 people over 75 treated, compared with one life saved per 56 aged under 65 treated. Taking into account the cost of treating stroke and other complications,

the cost per life year saved by treating an 80 year-old would be \$21,200 — about the same as for a 70 year-old (\$21,600) or 75 year-old (\$22,400) person.

This, the authors conclude, is less than the cost of many accepted interventions such as screening for hypertension, and old age should therefore not be a contraindication to thrombolysis.

New England Journal of Medicine 1992;327:7-13

Effective concentrations of coal tar

Coal tar has been used for the treatment of psoriasis for many years but has rarely been subjected to clinical trial. As a result, little is known about its dose-response effects and therapeutic regimens have developed according to clinical impression and experience.

A recent study by

dermatologists in Glasgow now challenges conventional practice.

Three treatment regimes were compared in hospital patients with chronic plaque psoriasis: one half of the body was treated with 5 per cent or 1 per cent coal tar in yellow soft paraffin, the other initially with

a 5 per cent ointment increasing by increments of 5 per cent over 10 days to a maximum concentration of 20 per cent.

The incremental regime was significantly more effective than 1 per cent coal tar but no more effective than the 5 per cent ointment.

The authors conclude that high concentrations of coal tar are unnecessary, and that the effective dose lies somewhere between 1 and 5 per cent. Preparing ointments with multiple concentrations is therefore a waste of pharmacy resources.

Coal tar is effective but unpopular because it stains clothes and bedding. As a consequence most patients in this study said they would not use any of the preparations at home. Whether low concentrations of coal tar can be formulated more acceptably remains to be seen.

British Journal of Dermatology 1992;126:608-10

Bones, growth and steroids in asthma

Current recommendations for the management of asthma emphasise the use of inhaled steroids for moderate to severe asthma and short courses of oral steroids are used to control acute exacerbations of obstructive lung disease.

It has been shown that inhaled steroids, particularly at high doses, may cause adrenal suppression but, according to recent research, the clinical effects are mixed.

The height of prepubertal

children attending a specialist clinic because of poorly controlled asthma was monitored for two to three years. Symptom control was achieved only with doses as high as 200 to 1,600mcg of inhaled beclomethasone or budesonide daily.

The rate of growth was not related to the dose of inhaled steroid, and the introduction of steroid therapy did not alter growth rate in previously untreated children. However, growth rate significantly correlated with the control of asthma — those with poorly controlled symptoms grew least.

Short courses of oral steroids produce as much adrenal suppression as regular low-dose therapy, according to specialists in Aberdeen. They monitored bone density in three groups of people with asthma: those using only bronchodilators; others who had been taking 1,000 to 2,000mcg/day of inhaled steroids for at least one year plus short courses of oral prednisolone; and a third group taking 5 to 30mg of prednisolone daily, with intermittent high-dose courses plus inhaled steroids.

Mean bone density was similar in the two groups taking oral steroids and significantly lower than in patients not using steroids. However, bone density was not related to the duration of steroid use.

Confirmation that short courses of prednisolone impair

bone growth comes from a third study in patients with chronic obstructive lung disease: a single four-week course of 20mg/day increased bone resorption and reduced bone formation, with a maximal effect after two weeks. Bone metabolism reverted to normal on substitution of placebo.

These studies emphasise that, although symptom control by steroids has significant benefits, there is a risk of long term complications and doses must be kept to a minimum.

Thorax 1992;47:414-20; *Archives of Disease in Childhood* 1992;67:703-5



Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at current developments in medicine

Effects of missed OC pills on ovulation

Some studies of the effect of missing doses of the oral contraceptive suggest that ovulation subsequently occurs in up to 30 per cent of women.

However, these findings are contradicted by a recent investigation in 15 women taking a triphasic formulation.

Four consecutive doses were replaced by placebo at various times up to day nine of the cycle, prior to ovulation on day 14. Follicular development was monitored using ultrasound, and ovulation checked by measuring serum concentrations of progesterone,

LH and FSH. Ovulation did not occur, irrespective of the time at which placebos were taken; small and statistically insignificant changes in pituitary and ovarian function occurred at these times but were promptly reversed by the next active dose.

The OC — or this triphasic formulation, at least — may therefore suppress ovulation even in the absence of good compliance, but further work is needed to reconcile these findings with existing data.

Obstetrics and Gynecology 1992;79:979-82

Children aged between one and three years accounted for 85 per cent of poisonings with medicines and 81 per cent with chemicals and plants. Boys were more commonly involved than girls and there was a significant excess of admissions for both plant and drug ingestion during the Summer months.

The frequency of admissions declined gradually during the study, a period which saw the introduction of child resistant containers for OTC analgesics and the Pharmaceutical Society's policy to dispense all medicines in CRCs.

Despite this, admissions for poisoning due to plants and mushrooms declined by more than those for drugs, although whether this is due to a change in admission criteria or to the failure of the CRC policy is unclear.

Journal of Epidemiology and Community Health 1992;46:207-10

The methadone treadmill is no solution

Mr D H Evans' reaction to Mr Jolley's vitriolic letter (*C&D* June 27) does not answer basic questions and makes assumptions of success which do not stand scrutiny.

Current evidence shows that the drug misuse problem is escalating. The radical concept of supplying drug addicts with prescribed drugs thereby removing the motive for the link with criminality, usually theft in order to pay for illegal drugs, while at the same time weakening the power of the "pusher", was welcomed initially as a fresh approach to a difficult problem.

But there is growing concern that despite vast resources poured in to combat the problem, the war is being lost. Drug clinics are packed to capacity, there are long waiting lists of clients to be admitted who, in the meantime, are sinking in a sea of criminality and a drug sub-culture which is flourishing. There is little evidence of a major improvement in the number of addicts becoming drug free.

The successes achieved by the diligent application of a methadone reduction programme are applauded. There is less enthusiasm, perhaps, for the strange kind of morality which maintains a vast army of addicts on permanent hold on prescribed drugs because, it is claimed, this relieves the necessity to resort to crime to pay for the habit.

Any measures to limit the spread of HIV are emotive and claim immediate public support. But there are dangers, too, in the unlimited and uncontrolled supply of syringes. The ready access of such equipment stimulates demand and is a prime factor in the present increase in drug addiction. The issue of over 50,000 syringes in the "successful" Liverpool project in March alone, bears its own witness to a staggering, incipient problem.

Clearly, the present methods are not working.

May I declare my hand. For four years I have been a director of a Liverpool based charity SHADO - Supportive Help Against Drugs Organisation. The sole purpose of this unit is to actively pursue a vigorous policy to help each and every addict to reach a stable, drug free life-style. Addicts are by no means fallen angels, nevertheless, we do regard them as victims requiring patience, sympathy and time.

I believe the methadone treadmill to be of questionable value. We must seek, as a matter of urgency, answers to eliminate

this modern scourge. Maybe a Commons Select Committee to examine the present situation and make recommendations to resolve a national problem that is rapidly evolving into a disaster.

D R Gough
Liverpool

Difficulties placed in way of addicts

I write to say "well said!" to H A Jolley of Newton-le-Willows (*C&D* June 27 Letters).

I have had a lot of experience with drug addicts in the Leith area of Edinburgh, and now, while working in a smaller town just outside of the city, I try not to allow addicts into the pharmacy, simply by being "difficult" in terms of not stocking methadone, and suggesting long waiting times for other drugs of abuse such as dihydrocodeine.

I wholeheartedly agree with Mr Jolley in terms that the pharmacist is prostituting the pharmacy profession. However, it is the system that is at fault, not individual pharmacists.

It is my belief that the drug addict's freedom of choice should be restricted to one specialist pharmacy in an area, (such as the quoted 17 out of 125 in Liverpool). Those specialist pharmacies could become "centres of excellence" in the treatment of addicts, and addicts could be removed from other "normal" pharmacies.

I would also like to see codeine linctus freely available from these specialised pharmacies (or from all pharmacies), since many addicts are happy with a bottle or two a day, and would not need to enter the "system" where more potent drugs are the order of the day.

The load would be spread and pharmacists would be taking a valuable role in helping addicts. Of course, some safeguards would be required, such as record keeping, etc, but surely this availability would solve some problems.

Addict-free

Come off your moral horse

With reference to the letter "Addict-free Pharmacies" (*C&D* June 27), who is this man who claims to be a member of a responsible profession?

How can any community pharmacist (from the tone of the letter, I presume Mr Jolly owns a shop) think that he knows the best, or most effective



Mrs Mary Hulse, Heckington, Lincolnshire, was the winner of the Crookes Healthcare Mystery Shopper Cash Bonanza. She is pictured here receiving her £5,000 prize from Neil Murphy (centre), national field sales manager and George Tinley, sales representative

treatment for any patient? Since when has such a pharmacist been given access to a patient's case notes to decide if a treatment is valid? Where are the figures to back up the claim that the majority of petty crime is due to drug addiction?

The treatment of addicts (I say treatment, not cure) is aimed not specifically at getting the addict "off" his drugs, but to either remove the injection syndrome, or at least to ensure a switch to "safe" drugs. Cure is in the hands of the addict and, yes, I'm afraid Mr Jolley may be disappointed, but some addicts do eventually become drug free following methadone treatment.

By Mr Jolley's argument, anyone who suffers an illness due to abuse of their body should have the source of abuse removed and then left to get better.

Does Mr Jolley have a secret formula for recognising an addict? The majority (in my experience) are reasonable people who happen to have an anti-social problem. Some are the evil hard core that I presume Mr Jolley finds so upsetting, but then I've seen many customers and patients who fit into this category who've never dreamt of touching drugs.

Addicts and their helpers are not wonderful people. The addicts are unfortunates who have fallen victim to their own stupidity and weakness. This does not condemn them to having no help from society.

Come off your high, moral horse, Mr Jolley. Join the real world where humanity has its problems and weaknesses. Maybe then, we can become a fine caring profession, when all our members are willing to dispense to all the patients, and not "just for the money".

Jeff Chambers
Lancaster

Clearing up misunderstandings on Cyclamates

I read your article (*C&D* July 4, p4), regarding the use of cyclamate and the labelling of sweeteners and I can understand your concern. However, I would like to correct some misunderstandings, particularly concerning cyclamate as an alleged carcinogen.

Cyclamate has been approved and used in some 50 countries for many years without any known side-effects. In the Netherlands and Germany, for example, cyclamate has been used for 30 years in a wide range of products without known harm.

In the US, cyclamate was banned in 1969 because it was suspected to cause cancer in laboratory animals. Since then, however, numerous studies have shown that this is not the case. In fact, the Cancer Assessment Committee of the US Food and Drug Administration has reviewed all scientific evidence and confirmed that cyclamate is not carcinogenic.

In addition, 24 independent studies have shown that even high doses of cyclamate, ingested over a considerable period of time, do not cause cancer. Similarly, the Joint Expert Committee (WHO/FAO) on Food Additives (JECFA) and the Scientific Committee for Food (SCF) of the European Community have repeatedly evaluated the safety of cyclamate and have approved its use as a non-caloric sweetener in foods.

Sweeteners being among the most thoroughly tested food additives, we cannot see the rationale for singling them out for labelling requirements.

Antoinetta Corti
Secretary General, International Sweeteners Association, Brussels

Businessnews

Wellcome offer wobbles as share price plunges

The public part of the Wellcome share sale closes on July 21, while the offer to institutions closes three days later on July 24.

However, since the official timetable was announced, Wellcome's share price has plunged and there has been City speculation that the offer may be abandoned.

The Wellcome Foundation are offering £180 million worth of Wellcome plc shares to the public and applications must be for a minimum £1,000 of shares. There is no specified maximum.

Altogether, The Wellcome Foundation plan to reduce their holdings in Wellcome plc from 73.5 per cent to just 38 per cent.

Robert Fleming, the merchant bank who are running the offer, do not have to decide the level of shares on offer until the bids are in, though they are unlikely to push up their initial estimate by more than about 25 per cent.

The strike price of the shares — the value put on them for the purpose of the share sale — will be determined by the level of institutional demand.

Unfortunately for the success of the offer, Wellcome's share price has been moving down, from 913p on June 25 to 878p on July 14. The shares have been as high as 1,174p this year. The question is how low Flemings will allow the price to fall before the

offer is abandoned, an option the bank can take at any time.

At least one broker who looks after a number of pharmacists' portfolios believes the prudent course for public investors is to buy in once the offer has gone through. Adams & Nevile, represented by the independent financial advisor James A. Clancy, say in their most recent newsletter: "As we write there is an increasing chance that the floatation of The Wellcome Foundation's stake will flop. Institutional investors who would normally leap at the chance to increase their paltry stakes in a global pharmaceutical leader are muttering darkly."

They argue that since the first issue of Wellcome plc shares, the shortage of stock has forced the shares onto a premium multiple of 30 per cent over Glaxo and as much as 70 per cent over Smithkline Beecham. "With more stock available institutions

can now raise their weightings to a more normal level and the stock seems likely to trade now at only a small premium over Glaxo."

Against this gloomy prognosis, there are indications that UK institutions are providing a good demand for the shares. Moreover, institutional investors calculate that the Wellcome share price will have to fall as low as 700p before the offer is abandoned.

■ Wellcome are facing a further challenge to their grip on zidovudine. The Brazilian producer Microbiologica have been granted permission by Brazilian licencing authorities to produce the drug in generic form.

Not only does the group plan to sell it in South America, it is said to be looking at the Canadian market, where Wellcome's patent is being challenged by Apotex (C&D July 4, p35). However, Wellcome do not believe Microbiologica can seriously dent their sales.

Sic transit gloria Regina...

The troubled Royal Jelly company Regina plc has reported pre-tax losses of £457,000 for the six months to March.

In a letter to shareholders the chairman and chief executive Shiraz Malik-Noor says: "The first six months of the current year were disappointing, with sales continuing to fall as a result of the ongoing recession in the UK and in our other international markets."

"The operating loss of £310,000 includes a provision for the carrying cost of the company's former headquarters in Elstree. Further action has been taken to decrease our fixed overheads, but the benefits will take a long time to come through onto the bottom line."

There is an exceptional item of £147,000 for start-up costs in the USA. There will be no interim dividend.

Moss gather two more

Unichem subsidiary E. Moss have bought two of the three pharmacies in the Johns & Kelnack group, for an undisclosed sum.

Moss take on the Cole Green Lane and Moors Walk pharmacies, both in Welwyn Garden City. There is one remaining pharmacy in the group — John Lewis (Welwyn) in Bridge Road — which will continue to be run by director and pharmacist John Kirby.

Safeway EPOS data for Nielsen

Safeway and the analysts Nielsen have formed a partnership to market Safeway's sales information. Now suppliers will be able to pay for sales data from Safeway.

The two components of the new service are Safeway Trading Data and Safeway Marketing Reports. The former is intended to provide common data for assessing sales results for suppliers. The trading data will be available on a week by week basis from Nielsen.

JDS go metallic

Shopfitters JDS Group have signed a distribution agreement with RT Display systems for the Octanorm Newline range.

Nutritious Clintec

Clintec, a joint venture between Baxter Healthcare Corp and Nestlé SA, have bought Roussel-Uclaf's enteral nutrition business.

Channel deal

Channel Pharmacy Systems have won two orders worth £150,000. The company is providing J.C. & G.A. Tims with a Monarch system for their eight branches and head office

in Manchester, and a similar system for a Liverpool chain.

Shirley Price

Aromatherapy company Shirley Price has moved to Upper Bond Street, Hinckley Leicestershire. Tel: 0455 615466; fax: 0455 615054.

Epsom for ROC

Laboratories ROC (UK) have moved into their new Epsom headquarters. The company is now at The Kirkgate, 19-31 Church Street, Epsom, Surrey. Tel: 0372 749223; 0372 748964.

RPI in June

The RPI for June is 139.3 (Jan 1987=100), some 3.9 per cent up on a year ago.

SDEA directory

The Shop and Display Equipment Association has published the latest edition of its "Directory of Shopfitting and Display Equipment".

It is intended to help retailers identify the range of equipment currently on offer by shop fitters.

It includes an A-Z of over 100 companies, together with pictures and charts showing the retail trades, products and services in which each company specialises.

There is a section on trade names, a geographical location guide and a free readers' inquiry service. It also outlines the services available from the SDEA.

The directory costs £7.50 from the SDEA, 24 Croydon Road, Caterham, Surrey, CR3 6YR.

European Court holes Net Book Agreement

The Net Book Agreement, the only example of retail price maintenance still in existence outside retail pharmacy, has been undermined by a recent ruling by the European Court. The outcome could mean that cut price books become widely available in the UK.

The ruling will allow booksellers to re-import British published books from the

Continent. Some observers of the book trade are saying this could mean discounting by up to 50 per cent.

Effectively, the parallel importation of books has been sanctioned by the Court.

The decision has been taken by the European Court of First Instance, the lower judicial body. It is subject to possible appeal to the European Court of Justice.

Lloyds home in on card shops

Lloyds Chemists are negotiating to buy up to 89 of the 140 Cavendish & Castle card shop chain. These are currently in the hands of the receivers.

Lloyds chief executive Allen Lloyd has not announced how much he is prepared to pay for these businesses, but he plans to pay cash.

Under Stock Exchange rules if the buying price is less than 5 per cent of the purchasers' net assets the price does not have to be disclosed. Lloyds Chemists net assets have been estimated by City observers at anywhere

between £66 million and £92m.

All the Cavendish & Castle sites targeted by Lloyds are shorthold leases in areas where Lloyds Chemists already operates businesses. Mr Lloyd is believed to be planning to convert the shops, which are currently trading as newsagents and greeting card outlets, to Super Save drug stores and Holland & Barrett health food stores.

Lloyds currently operate 864 pharmacies (including John Bell & Croyden), 233 drugstores and 223 Holland & Barrett health food shops.

Sunday trading

The European Court of Justice has passed the Sunday trading buck firmly back to the British government. Their judgment is that it is up to the British courts to decide whether the 1950 Sunday Trading Act is compatible with EC law.

However, the advocate general, Walter Van Gerven, said it was within the terms of the Treaty of Rome for countries to have national laws prohibiting Sunday trading.

The question which remains is: Are the current restrictions of Sunday trading laid down by the Shops Act beyond the

legitimate aims of the Act?

The signs are that the Government intends to cut through the current muddle by introducing a new Sunday trading bill in the Autumn.

However, this could be a high risk strategy for the Government. Douglas Hurd, when Home Secretary, failed to get a Sunday trading bill through the Commons some years ago. And the current Home Secretary, Kenneth Clarke, is believed to favour the maximum amount of relaxation of the Sunday trading rules, with little or no special protection for shop workers.

The danger for the Government is that a cross party alliance could once again defeat any Government sponsored bill.

Girobank cashes in

As the "big four" clearing banks cut back on their branches, Girobank are taking the opportunity to promote their alternative service.

Last year, the clearing banks closed down 500 branches in a cost cutting exercise. In the very long term up to 1,000 bank branches could disappear.

But Girobank, now a subsidiary of the Alliance & Leicester Building Society, uses as its outlets the national network of 2,000 post offices — a practical alternative in a community which has lost its bank branch.

Girobank are saying that pharmacists operating on high volumes and low margins are also avoiding bank charges for depositing cash and cheques.

Philip Carter, who runs the Grovehart chain of nine community pharmacies in the Bristol area, is operating a Giro account for the business.

Mr Carter receives a statement of each payment from Girobank's central office in Bootle.

Questionnaire courses

The Pharmacy Practice Research Resource Centre is holding a series of workshops on questionnaire design. Topics covered will include surveys, attitude scales, and open and structured questions.

The venues are: Brighton (Sept 20-21), Birmingham (27-28), Harrogate (Oct 11-12), Southampton (25-26), Taunton (Nov 16) and Newcastle (21-22).

Fees are £45, including lunch both days. For further details call Joan Broadhurst on 0203 690064.

Down under with Numark

Bookings are now being taken for Numark's 1992 Study Tour to Australasia and Singapore.

Visits to Australia's largest

IN THE CITY

Fears of a run on the pound have led to renewed weakness in shares prices. There is a widening split over the Government's policy to maintain a firm line on sterling despite growing calls for a devaluation. At the same time there is concern that British interest rates may have to rise if the Germans take similar action.

Against this grim economic background the pharmaceuticals sector has come back into favour. Worries about the UK economy tipping into slump have added to the jitters. In consequence, the sector is beginning to out-perform the rest of the market after months in the doldrums.

The main beneficiary has been Glaxo, whose shares have dropped by about 20 per cent since the beginning of the year. But strong "buy" recommendations from leading brokers in the UK and US have rekindled demand.

Fisons, which had been hit by a profit warning, have been in demand thanks to bid hopes. There is also talk that ICI may be about to launch a takeover offer to boost its involvement in pharmaceuticals.

Fisons shares have also been helped by a change in sentiment: Broker Kleinwort Benson has been saying they have fallen too far. It believes that a hostile bid for the company at around 350p a share is also possible.

But Lloyds Chemists have been in the doghouse. The shares have fallen sharply in recent days on (now confirmed) rumours that pharmacists in England and Wales will receive a lower disbursement from the Government than at present. The rumours come in the wake of detailed circular by broker UBS Phillips & Drew.

There is talk that the Government may cut the level of discount available to pharmacists on drugs. Moreover, the amount of professional fees paid to them for dispensing medicines is also in the melting pot, awaiting the outcome of a judicial review.

But others believe the shares have fallen because there is uncertainty about the company's ability to continue expanding through its hectic acquisitions programme. Meanwhile, Unichem and AAH shares have stayed firm.

The expected £3 billion share offer by Wellcome is continuing as planned. The company's team of advisers are thought to be making progress in drumming up support for the issue, but worries remain that the market may develop indigestion over the mammoth offer.

Coming Events

independent pharmacies, Amcal Chemists, and New Zealand's largest full line pharmaceutical wholesaler, Stevens, will be two of the highlights. The Australian and New Zealand Pharmaceutical Conference is also on an agenda that takes in Perth, Sydney, Auckland and Singapore.

The tour leaves on October 19 and returns on November 6. To ensure a place on the tour, bookings should be forwarded to Numark by August 14. Contact Val McBride at Numark central office (tel: 0827 69269).

Advance Information

Drophar 92. Trade exhibition in Utrecht, Holland **August 24-26.** Aimed at retail druggist and perfumery sector. Details from Alison Peacock (tel: 071-487 3480).

Society of Cosmetic Scientists. Certificate course in cosmetic science at London College of Fashion. Course commences with

an open evening on **September 14.** Details from SCS (tel: 0582 26661).

New developments in the understanding and treatment of Schizophrenia at the Royal Lancaster Hotel, London on **September 14.** Organised by IBC Technical Services Ltd. Details from Lucinda Middleton (tel: 071-637 4383).

Stability '92. Conference at the Royal College of Physicians, London on **September 21.** Details from BIOS Conferences (tel: 0276 73363).

Neurodegenerative diseases: New approaches to treatment. Two day conference in the Royal Lancaster Hotel, **September 15-16.** Details from Lucinda Middleton at IBC Technical Services (tel: 071-637 4383).

Society for Drug Research. "Osteoporosis", at the School of Pharmacy, Brunswick Square, London on **September 24.** For details call Barbara Cavilla (tel: 071-581 8333).

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C1837 DEVON
Attractive unopposed pharmacy. Turnover £230,000. Dispensing 1,600 items. Excellent 3 bedroomed flat. Freehold for sale if required at £100,000. Alternatively a new lease will be granted £80,000 for goodwill, fixtures and fittings plus SAV.
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C1749 NORTH WEST HANTS
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C1920 DORSET COASTAL TOWN
Pharmacy situated on the outskirts of a Dorset coastal town in a densely populated area. This pharmacy is currently dispensing some 2,634 items per month with a turnover of approximately £315,000 for the current year. The current rental is £7,000 per annum with 3 yearly rent reviews. Price required for lease, goodwill, fixtures and fittings: £160,000 plus stock at valuation.
CONTACT BOURNEMOUTH OFFICE

C1852 SALISBURY WILTS
Ideal opportunity first venture. Turnover £180,000 dispensing 1800 items per month. Situated opposite doctor's surgery. New lease to be granted by vendor at £3,000 per annum. Option to purchase freehold. Genuine retirement sale. Offers over £60,000 for goodwill, fixtures and fittings considered.
CONTACT BOURNEMOUTH OFFICE

C1892 NORTH CORNWALL
Popular seaside resort. Turnover current year approximately £260,000. High gross profit percentage. Dispensing 1,800/1,900 scripts per month. Ideal location with excellent four bedroomed living accommodation. Genuine retirement sale. Lease will be granted or freehold for sale. Price depending upon whether lease taken or freehold acquired.
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C1628 BERKSHIRE
High Street situation close to three doctors surgeries. Established 1986. At present run under management. Projected turnover for current year £240,000+. Dispensing approximately 2,250 items per month. Well fitted. New lease to be granted. Moderate overheads. Price asked for benefit of goodwill, lease, fixtures and fittings offers on £100,000 plus stock at valuation.
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C1850 HANTS COASTAL CITY SUBURB
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CONTACT BOURNEMOUTH OFFICE

C1936 WEST MIDS
Pharmacy turnover £202,000 approx. plus Post Office salary £35,000 pa. NHS items 1000 per month. Attractive shop. Closed Saturday afternoon. Lease at £11,500 p.a. Offers invited for goodwill, fixtures and fittings plus stock at valuation.
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C1912 WEST MIDS
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C1930 GLOS
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C1801 NORTH STAFFS
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C1851 CHELTENHAM
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C1918 YORK
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C1898 SHEFFIELD
Community pharmacy situated on main road in busy shopping area of Sheffield. Self contained flat above. Sales year ended 31.1.92 £180,404. Gross profit at 30.95% £55,796. NHS monthly average 1720 items. Price for freehold, goodwill, fixtures and fittings £250,000 plus stock at valuation.
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C1897 SHEFFIELD
Community pharmacy situated in residential suburb of Sheffield and located next to doctors surgery. Projected sales year ending 31.3.92 £220,000. Gross profit at 30.4% £66,361. NHS monthly average 2245 items. Tenure leasehold, terms negotiable. Price for goodwill, fixtures and fittings £120,000 plus stock at valuation.
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C1906 SURREY
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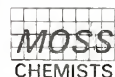
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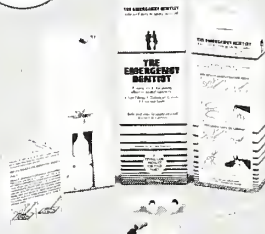
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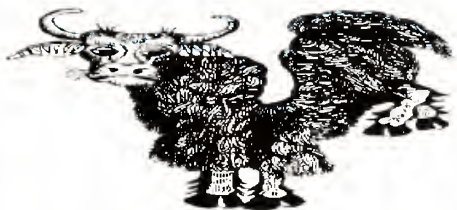
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Aboutpeople



Penny Viner, general manager and director, Weleda, with visitors to the Weleda herb gardens which were open to the public last Sunday

Green fingers gather at Weleda's garden

Around 2,000 visitors from all over the country flocked to Ilkeston, Derbyshire last Sunday afternoon when Weleda opened their herb gardens to the public.

Keen gardeners as well as enthusiasts of natural medicines gathered to see over 300 plants which Weleda grow for their products. There was also an exhibition featuring natural medicines and the opportunity to

chat to the company's pharmacists and gardening experts.

Penny Viner, general manager and director, Weleda, told *C&D* she was pleasantly surprised at the number of visitors and their enthusiasm. Although Weleda open their complete premises to the public every two years, this was the first year that the gardens alone had been opened.

World record press-up attempt for Telethon

An estimated 18 million viewers will be watching Paul Lynch's attempt to break the current world record for number of press-ups achieved during 24 hours, as part of the ITV Telethon charity appeal.

English Grains Healthcare, manufacturers of Red Kooga Ginseng, are sponsoring Paul in his attempt to break the current record of 43,000.

The company has donated £5,000 to the appeal and will donate 1p from every pack of Red Kooga Ginseng sold in the month

following the Telethon appeal. On the basis of current sales forecasts, the figure raised will be in the region of £4,000-£5,000.

For those who have the strength to tune in to the event, the approximate showing times on Saturday July 18 are: 8.52-9.00pm for the start of the world record challenge and 10.50-11.00pm for an update.

On Sunday there are updates at 9.50-10.00am and 2.15-2.30pm and the count down to the finish is expected to be on air at 8.50-9.00pm.

APPOINTMENTS

Mark Friedman has been appointed group product manager with marketing responsibility for Whitehall's medicines and cough/cold remedy portfolios. Whitehall Laboratories have also appointed **Jon Connolly** as product manager, with particular responsibility for Anadin Paracetamol, Powerin, Tramil and Maximum Strength Anadin capsules.

The business systems division of Siemens Nixdorf Information Systems Ltd have made three new appointments to their healthcare

group. **Bob Black** has been appointed senior consultant and **Vivienne Harte**, as account manager. **Ken Kavanagh** will be an account manager for Siemens Nixdorf's healthcare group in the North of England and Scotland.

George Stead has been appointed quality and technical manager for the Kearsley manufacturing complex of the Health & Diet Company.

Babychoice Limited have appointed **Nick Cooke** as marketing director and **Tom McKenna** as sales director.

CPP examination results

This week, pharmacists from around the country received the results of their College of Pharmacy Practice examinations.

Four associates have completed the membership examination to date in 1992. They are: Rene Lai, Carol Lightley, Frances Melly and David Pack.

Thirty two people took Assessment A in April 1992. The following candidates were successful: Sarah Bakhle, Ian Barrie, Mark Easter, Elizabeth Grant, Mary Grant, John Harrison, Gillian Hawsworth, Lindsay Holden, Nicholas Hooker, Anita Hunjan, Alister MacLaren, Yashmin Mamdani, Ramila Mistry, Peter Mulholland, Richard Seal, Susan Seal, Fiona Sneddon, Charlotte Thorne, Ruth Townson, Catherine Wagstaff, Mary Wood and Sheila Woolfrey.

Twenty six pharmacists took

Assessment B. The following were successful: Ian Barrie, Mark Easter, Elizabeth Grant, Nicholas Hooker, Ruth Lawrence, Alister MacLaren, Frances Melly, Helen Rowland-Jones, Sarah Schofield, Elizabeth Sillito, Neile Taylor and Mary Wood.

The following were successful in Assessment C: Gary Choo, Elizabeth Grant, Mary Grant, Nicholas Hooker, Rene Lai, Jill Lightley, Alister MacLaren, Yashmin Mamdani, Stephen McEwan, Frances Melly, David Pack, Elizabeth Russell, Catherine Wagstaff and Mary Wood.

The College is now preparing for the final two assessments of 1992. Assessment D will be held on November 19 and Assessment E on October 19. The closing date for registration to these assessments is August 14.



Jacklyn Morris (centre) of L. Worth Chemist, Beswick Precinct, Manchester, recently completed the National Pharmaceutical Association's Medicine's Counter Assistants course and was the top student of the month for January. She is pictured receiving her course certificate from Marshall Gellman, of the NPA Board (left), and a £20 gift voucher from a representative of Marion Merrell Dow, the sponsors of the monthly prize



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PHARMACEUTICAL & DRUGGIST PUBLICATION FOR PHARMACY ASSISTANTS

AUGUST/SEPTEMBER 1992



HOLIDAY HEALTH • HOW TO TAN SAFELY • HAIRCARE • CONTRACEPTION CHOICES • A MIGRAINE HEADACHE



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Healthy holidays

For many people a foreign holiday is the highlight of their year. Unfortunately far too many holidays are ruined by bouts of sickness. Jane Feely explains how simple advice, and a few relevant medicines purchased before leaving home, can help save the day

The brochures have been searched and the holiday selected. The date has been booked and the final balance paid. The passports are in order and the dog booked into kennels.

We all do it; we build ourselves up for months before our holidays, looking forward to the time when we can forget about work and relax.

We might worry about possible disasters. What if the plane is delayed or the luggage gets lost or the hotel is only half built? Unfortunately we seldom ask ourselves "What if I'm ill?"

All good holidays need careful planning, from not leaving the tickets on the table to remembering to pack the toothbrush. The same approach applies to health.

Many of your customers will travel abroad every year, some more than once. The advice you can give them about avoiding health hazards and packing appropriate remedies can make a difference.

No symptoms

Advising anyone who wants to buy remedies to take on holiday is slightly different to recommending something for someone who has already fallen victim.

Most holiday purchases are made "just in case" although some people may know that they are particularly prone to a certain ailment.

Instead of asking: "What are the symptoms", "How long have you had them", etc it's more important to remind people about the type of symptoms the medicine should be used for, and how to avoid getting ill in the first place.

It's best to buy any OTC medicines before leaving home rather than waiting until the problem occurs. Although many European pharmacies display the same green cross that some UK pharmacies use, that is where the similarities end.

There is the obvious language barrier, and even if this can be overcome, what do you buy? Occasionally you may recognise a pack as something you can buy at home, but beware, other countries have different medicine laws. In some places antibiotics are available over the counter for diarrhoea!



Picture: Courtesy of Crookes Healthcare



Picture: Courtesy of Nivea

Questions

If a customer asks for advice on what to take away with them on holiday there are a number of questions you should ask them.

- Which countries are being visited and for how long? This will give you some idea of the possible health risks. If the destination is anywhere more "exotic" than the Mediterranean or Florida, the article on page 10 may help.

- The type of holiday. There are obvious differences between self-catering in Cyprus, back-packing in India, or a luxury cruise in the Caribbean.

- Are there any children or elderly people in the party? This will effect what medicines are recommended.

- Does anyone in the group have special health needs or take any regular prescription medicines? Advise customers to take sufficient prescription medicines with them so that they don't run out while away — and to pack them in their hand luggage so that they won't be lost if a suitcase goes astray.

Some countries have restrictions on taking certain medicines into the country. If in doubt, check with your pharmacist who may advise the patient to get a letter from their doctor.

Your pharmacist may also write down the generic (not brand) name of any prescription medicine being taken. This will make it easier to replace them, if the patient runs out or loses them.

The importance of adequate holiday insurance can not be emphasised strongly enough. In addition, travellers within the European Community should obtain form E111 (from Post Offices) which provides cover for free emergency healthcare.

Travel sickness

For some people, the misery of sickness may start even before they reach their holiday destination.

About one third of the population are very susceptible to travel sickness, or motion sickness as it is often called. Children are especially prone.

Travel sickness is thought to be due to differences between

Continued on p6

Continued from p5

what the body's senses tell it is happening and what the eyes can see.

In the inner ear are three semi-circular canals which are filled with fluid and detect changes in posture. When the eyes tell the brain that the body is still but these canals detect that the body is being moved around, particularly by the motion of a ship or car, then sickness can occur.

The symptoms of travel sickness include dizziness, nausea, vomiting, sweating and increased saliva production. Prolonged attacks can lead to dehydration and depression.

Anyone who knows they suffer from travel sickness should take a remedy before they leave home. Tablets taken once the attack begins will be of little use because vomiting makes it difficult to keep them down. Also the exit from the stomach may close, preventing the tablets reaching their site of absorption in the small intestine.

There are two main groups of compounds useful for travel sickness — anticholinergics and antihistamines.

● **Anticholinergics** — particularly hyoscine (eg Buscopan, Joy Rides, Kwells), act quickly but the duration of action may be short. Most should be taken around half an hour before a journey. Side effects — not usually a problem at the doses used for travel sickness — include drowsiness, blurred vision and dry mouth.

Anticholinergics are not recommended for people with glaucoma and should be used with caution in patients with urinary problems, high blood pressure or heart disease.

● **Antihistamines** — such as dimenhydrinate (Dramamine), meclozine (Sea-Legs) and cinnarizine (Stugeron, Marzine RF), have a longer duration of action. Potential side-effects include drowsiness, and the traveller should be warned about the dangers of driving and drinking alcohol.

Phenothiazine-type antihistamines, such as promethazine hydrochloride (Phenergan) and promethazine theoclate (Avomine), may also cause drowsiness and sensitivity to sunlight.

Alternative remedies, including homoeopathic products, are also available. Those containing aconite, nuxvomica, atropa belladonna or ipecacuanha may help and combination products are available. Bands which apply acupressure to a point just above the wrist are also said to help travel sickness.

In addition, sufferers can

help reduce symptoms by avoiding large meals and alcohol before and during travel. On a ship the best place to be is in the centre of the vessel, fixing the eyes on the horizon.

In cars, sufferers should avoid reading and make sure there is plenty of fresh air. Child seats should be fixed so that children can look out of the window.

Diarrhoea

Spanish tummy, the Turkish trots or Delhi belly — travellers diarrhoea has many names but whatever you call it, it can still ruin a holiday.

As many as nine out of ten cases of holiday diarrhoea are caused by bacteria, although in some cases it may not be the actual bugs, but toxins they produce. Other possible causes include changes in diet, too much alcohol, unusual spicy food or stress.

Holiday diarrhoea is not usually accompanied by a fever and is self-limiting. Vomiting may be a sign of food poisoning or gastro-enteritis. Less than three bowel movements in eight hours does not usually need medical attention but severe diarrhoea, lasting for more than 48 hours, perhaps with pain or blood in

the stools, may require medical help.

Anyone travelling to places where standards of hygiene are poor should take precautions. With food the best rule is "If you can't boil it, cook it or peel it, don't eat it". As bacteria multiply quickly in warm temperatures avoid food that has been on display for long periods of time and do not choose food that has been left out in the open where flies can get at it.

Avoid tap water and use bottled water even for cleaning teeth. Water purifying tablets are best for those travelling to more remote destinations.

If all else fails, and "the runs" strike, there are a number of treatment options.

● **Opiates** — such as morphine or codeine, reduce the speed at which food passes through the intestine, allowing more water to be absorbed. Opiates are sometimes found in combination with other ingredients such as kaolin or electrolyte solutions.

● **Opiate derivatives** — such as diphenoxylate (Lomotil, Diarphen) and loperamide (Arret, Diocalm Ultra, Imodium) have been developed to get the beneficial anti-diarrhoeal actions without the other effects of morphine.

They are considered by many to be the treatment of choice for the short term relief of simple diarrhoea in adults.

● **Adsorbents** — are thought to act by absorbing the toxins that bacteria produce. They also add solid matter to the faeces. Common examples are kaolin (eg Enterosan, Opazymes, Kaolin & Morphine, Collis Browne's), attapulgite (Diocalm) and charcoal.

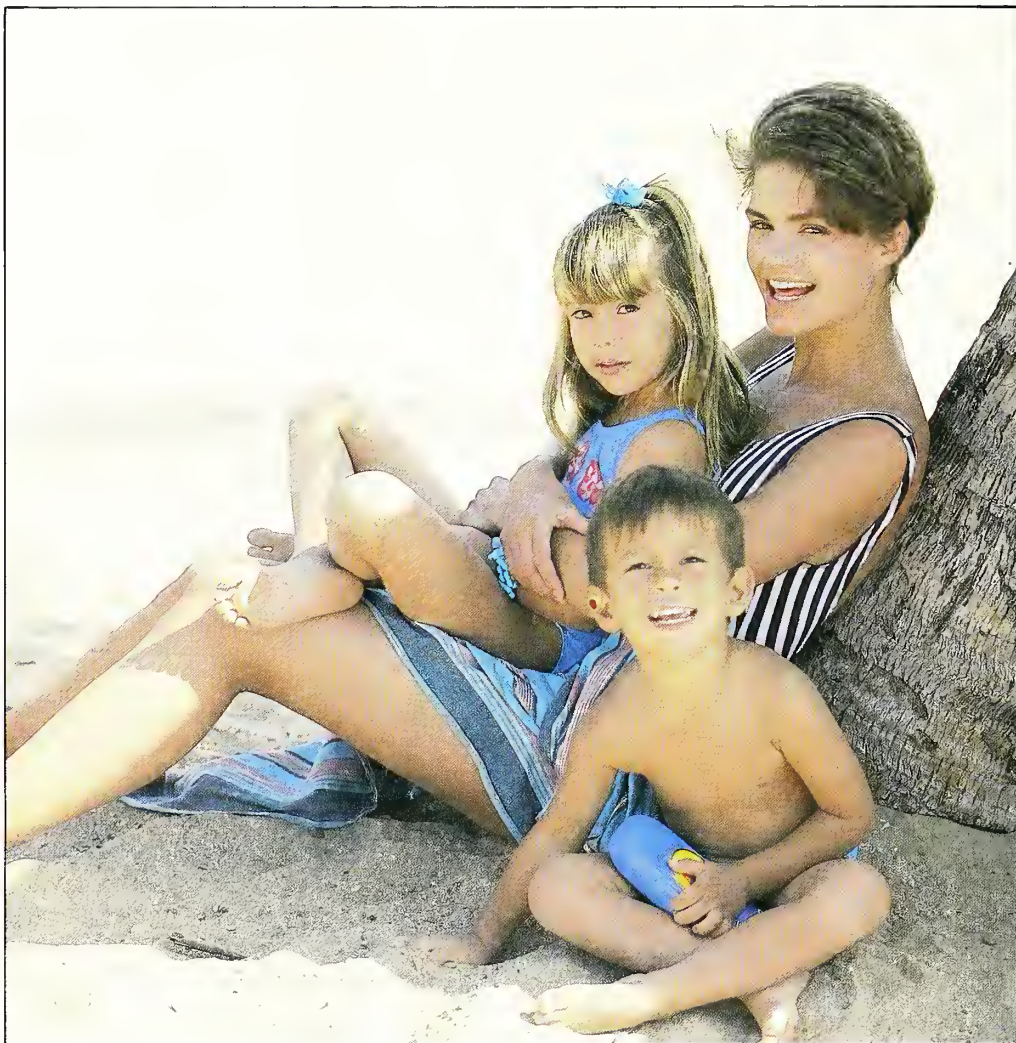
● **Electrolyte solutions** — (eg Dioralyte, Diocalm Junior, Rapolyte, Rehidrat, Gluco-lyte), replace the fluid and salts that the body loses in acute diarrhoea. They are particularly important in the treatment of infants or elderly people.

Adults and older children should drink sufficient solution to satisfy their thirst while infants should be given them as a substitute for fluid in feeds.

● **Anticholinergics** — such as atropine sulphate reduce the activity of the colon. They are often used in conjunction with other ingredients eg with diphenoxylate in Lomotil and Diarphen.

Some people may find that a change in diet and daily routine when on holiday may have the opposite effect to

Continued on p8



When the sun comes out this summer, so will your customers. And lots of less pleasant things too - nasty gnats, niggling nettles and the like causing stings and bites.



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BUILDING BRANDS AND BUSINESS WITH YOU

Continued from p6
diarrhoea — constipation. Anyone who knows they are susceptible to this would be well advised to buy an over the counter laxative and remember to include plenty of fibre in their diet.

Over-indulgence

It's fair to say that we often neglect our bodies when on holiday. We may expose them to too much sun, unusual food, late nights and even stress.

Although it's easy to see when too much sun has caused inflammation on the outside, it's not so easy when over-indulgence and "burning the candle at both ends" causes problems on the inside.

Indigestion is often caused by over-eating, eating too quickly or eating highly spiced or fatty foods. And then of course there's alcohol — a few bottles of the local vino or firewater may seem like a good idea at the time but what about the morning after?

Indigestion remedies, analgesics or hangover aids (eg Alka Seltzer, Andrews Answer, Resolve) are a good idea for the holiday kit.

Hayfever

While hayfever sufferers may know when they are likely to be sneezing and snuffling at home, they may be surprised abroad.

The pollen levels in other countries may be different because of variations in climate and plants. For example, olive trees can cause problems in Greece and Italy, plane trees in inland Spain and juniper and cypress in France.

The National Pollen and Hayfever Bureau have produced a booklet showing which pollen is common in

which country at what time of year, and how to ask for remedies in different languages. This is available from branches of Pickfords travel agents or by calling Marion Merrell Dow on 081-848 3456.

For a full explanation of what causes hayfever and how the symptoms can be treated, see the last issue of *Over the Counter*, p15.

Too much sun

Because of our wonderful British weather, it's a sad fact that our skins are not usually prepared for the intensity of the sun abroad.

Add to this the fact that many of us have only a week or two to acquire a suntan to make our work mates jealous and it's a recipe for disaster.

Sunburn can ruin a holiday and can happen even in cool, cloudy or windy weather. For more advice on safe tanning, read the article on page 13. Sunburn sufferers may find calamine products (eg calamine lotion, Caladryl, Lacto Calamine, RBC Cream) or soothing products helpful. A cool, not cold, bath and plenty of moisturiser works wonders.

In addition to sunburn, up to one in five of the population have skin that is sensitive to sunlight, ranging in severity from severe allergies to minor itchy rashes.

Polymorphic light eruptions are the most common type of light sensitive disorders which often appear as a fine, itchy rash easily confused with prickly heat or sunburn. It is most common in the Spring but less so in Summer when the skin is used to the sun. A sunscreen with a high protection filter will help avoid problems.

Photo-dermatitis occurs when the chemicals in certain plants, eg wild parsnip or the giant hogweed, come into contact with the skin and react with the sunlight. The itchy rash which results usually clears in a few days.

Prickly heat or sweat rash usually appears as a red, blistering rash which itches. It is most commonly seen around the chest, waistline, elbow creases and between the buttocks. Prickly

heat can be reduced by keeping cool with loose, cotton clothing, cool showers, etc. Sweat-inducing activities, such as active sports, should be avoided. For sufferers, calamine products, witchhazel or itch-soothing creams (eg Eurax), may be helpful.

Bites and stings

While bees and wasps are a hazard of any Summer outing in this country, jellyfish and mosquitos are an additional problem abroad.

Many people react badly to bites from insects. Their skin puffs up and blisters as their body reacts to the irritant substances produced by the insect.

Prevention is better than cure and there are a wide range of insect repellents on the market (eg Autan, Jungle Formula, Shoo, Buzpel, Vamoose, Mosquito Milk, Prevent, Natrapel, Z Stop, Mijex). Anyone sensitive to creams, in general, should test a repellent on a small patch of skin first in case of allergies.

Battery operated repellents, and those which plug into the mains and emit a vapor, are also available.

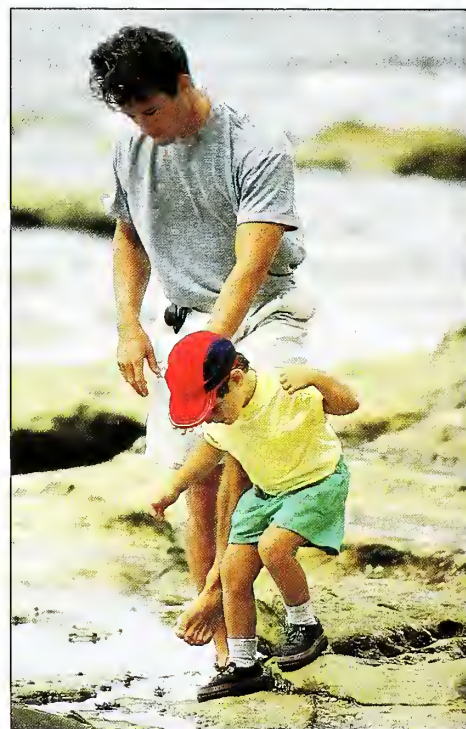
Antiseptics (eg TCP, Savlon, Sudocrem, Brulidine) or soothing preparations (eg calamine lotion, witch hazel, or hydrocortisone) are a good investment for any holiday medicine kit.

With bee and wasp stings, the sting should be removed with tweezers if it is visible to see but the area should not be squeezed. Bathe the area in cold water and apply an antiseptic or itch-soothing cream like hydrocortisone.

Jellyfish tentacles should be removed by rubbing gently

with dry sand and vinegar. Calamine lotion or an itch-soothing cream can be applied, and analgesic tablets may help deal with any pain.

There are a number of specific preparations on the market for bites and stings (eg Wasp-eze, Stingose, Lana-sting, Anthisan). Many are available in handy sizes for whenever the need arises. Non-drowsy oral antihistamines are also helpful.



First aid

When accidents happen, most people can probably dig around in the bathroom cabinet and are able to find a plaster or some antiseptic cream. When on holiday, it's not that simple.

Remind travellers, particularly those with children, to pack adhesive plasters, antiseptic liquid, cream or impregnated tissues, scissors and tweezers.

And finally...

Many people have a tendency to leave their inhibitions behind when they go away. Unfortunately, holiday liaisons can lead to a lot more than romance.

One survey has shown that while 91 per cent of people do not think they are at risk to infections like HIV while abroad, nearly one in ten started a new romantic or sexual relationship on their last holiday.

Last Summer, holiday makers leaving the UK from one of the major airports were given condoms. But the important thing is not just taking them but remembering to use them. Don't let the sangria go to your head!



Pauline Rampton of Fields Pharmacy, Twyford in Berkshire was one of 19 regional winners of a Reckitt & Colman competition for pharmacy assistants in the independent sector. She successfully demonstrated her knowledge about the treatment of heartburn and acid indigestion due to reflux and received £50 of Marks & Spencer vouchers from area representative John Brenchley

Alcohol — How much is too much?

Although most people enjoy a tippie now and again, particularly on holiday, alcohol is an addictive drug. Zita Thornton offers some practical advice...

A glass of wine can turn an ordinary meal into a banquet, a social occasion into a celebration. It has even been said that a regular, moderate tippie can be good for the heart. However, as you relax and your inhibitions are lowered, it's easy to overstep the limits.

It is heavy drinking that causes health problems. The harm might not be immediately apparent but in the long term, damage to the liver can eventually lead to cirrhosis. This is irreversible although the progress of the disease can be stopped by giving up alcohol.

Heavy drinkers can also suffer from gastric upsets, raised blood pressure and an increased likelihood of heart disease, strokes and cancer of the oesophagus. Heavy drinking causes irritability, fatigue, depression and a deterioration in general fitness.

Drinking becomes a problem when more needs to be drunk to have any effect, and abstinence results in craving for a drink. When this happens, it is not only that person's health that suffers but family and work.

Alcohol misuse accounts for nearly half of all violent crimes and is becoming a major problem for employers. Dangerous drinking — over 35 units a week for women and over 40 units for men — causes the loss of 14 million working days each year.

One in ten employees is said to have a drink problem and is three times more likely to have an accident at work than more moderate workmates.

The most vulnerable occupations are, not surprisingly, publicans and sea farers, who are ten times more likely to die from cirrhosis of the liver. The risk factor for dentists, pharmacists and nurses is slightly more than 1 per cent above average.



Dispelling myths

Alcohol is one of those areas where myths and old wives tales are common, but not always true:

- Contrary to popular belief, black coffee does not sober you up! The caffeine might make you feel more alert but the body takes one hour to metabolise each unit of alcohol drunk, so the only thing that really will sober you up is time.
- It is a misconception to believe that staying off spirits will reduce the chances of liver damage. It is the amount, not the type, of alcohol that matters. Beware of strong lagers and larger, home measures of spirits.
- It is true that women cannot take as much drink as men. This is because of the differences in weight and the amount of body fluid. A woman's blood alcohol level will be higher than a man's, even if they have drunk the same amount.
- It's wrong to think that if you can take your drink it's not doing you any harm. In fact this is a signal that you are one step nearer to becoming dependent on alcohol.

The morning after

Most drinkers who come into the pharmacy will be looking for a remedy for a hangover. It is likely that two thirds of these will be heavy drinkers but some might not have drunk any alcohol at all. Additives found in non-alcoholic or low alcohol beers and wines can also cause hangovers.

Various substances put into

alcoholic drinks by manufacturers, for instance to give them a longer shelf life, can also cause problems and can add to a hangover.

Red wine, port and brandy have more of these substances and are therefore likely to be worse culprits than vodka, which has relatively few such additives.

The effects of most hangovers are due to dehydration so drinking plenty of water in between drinks and afterwards, will help counteract the loss of body fluids. Fruit juices which contain vitamin C will help too.

It is a good idea to eat something in order to raise blood sugar levels and so avoid fainting and weakness. Nausea and indigestion are more likely to be avoided if food is taken as this will help "reline" a stomach which may have become inflamed.

Hair of the dog remedies do not work! It is far better to take an analgesic which won't irritate the stomach, such as paracetamol.

Stomach upsets can be helped by drinking bicarbonate of soda. A number of over the counter hangover

remedies combine an analgesic with any combination of glucose, vitamin C, bicarbonate or caffeine in one dose.

The best remedy of all is education — learn by any mistakes. You can make sure that the customer is aware of the sensible level of drinking and the dangers of heavy drinking.

Anyone with a drink problem can be advised where to find help from one of the national organisations. In addition, the families of heavy drinkers may also need help or advice.

Where to get help

- Alcohol Concern tel: 071-833 3471. (Advice centres and helpful leaflets including "How to survive at parties")
- Alcoholics Anonymous tel: 0904 644026 or look under A in the local telephone book (Members meet for self-help)
- Al-Anon Family Groups (Support for families of people with drink problems)
- Drink Watchers tel: 071-371 7477. (Not for people with a drink dependency problem who want to stop altogether, but for those who wish to reduce their level of drinking).

The facts about drink

- The safe level of drinking for women is 14 units a week and for men is 21 units.
- One unit of alcohol is equivalent to half a pint of ordinary beer, one glass of wine or one pub measure of spirits.
- A bottle of strong "export" lager accounts for two units.
- Alcohol that you drink late in the evening may still be in your body the next morning.
- One third of fatal road accidents are alcohol-related.
- There are about 100 calories in each unit of alcohol.
- Too much alcohol can make it difficult to become pregnant and can lead to careless sexual behaviour.
- No one likes a drunk.

Once it was only the very rich who could afford to visit exotic destinations such as South America, the Far East or Africa. Then came the package holiday and the realisation that a fortnight on the Costa del Sol was not going to cost a packet, and the mass exodus began.

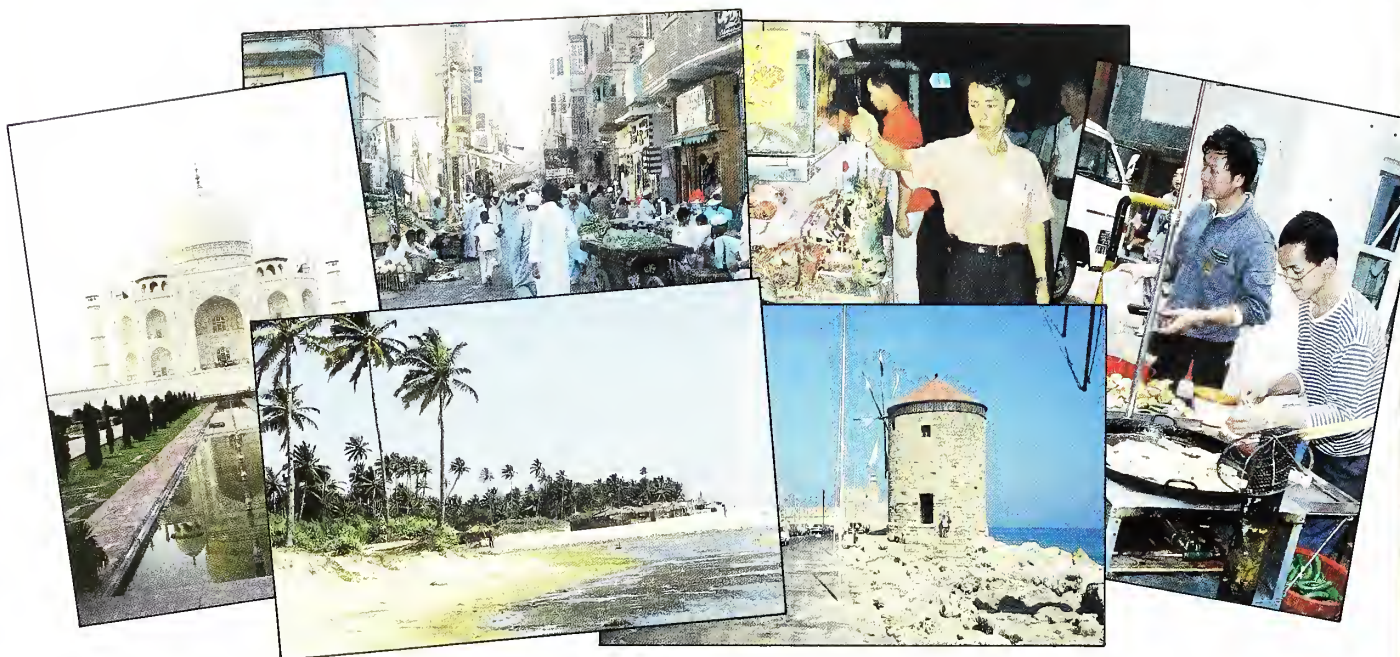
But the travel business has not stood still! More countries are realising that tourism is a money spinner and hotels have sprung up in many far-flung places. Many brochures now offer trips to locations like Gambia, India and Thailand.

Exotic locations

days with the patient getting weaker each time.

Anyone travelling to a country where malaria is common should be given antimalarial tablets and advice on avoiding bites.

There are a number of antimalarial tablets on the market but because Plasmodium has become resistant to some of these, travellers may need to take more than one type. Common antimalarials include chloroquine, proguanil, maloprim and mefloquine.



But the more exotic the destination, the more the average British traveller is exposed to illness and disease. So how can you help your customers travel prepared?

Vaccinations

When many people think of precautions for holidays they think of injections! But 95 per cent of all travel-related diseases cannot be prevented by vaccination.

The highest risks are from diarrhoea and vomiting, respiratory diseases and malaria and vaccines don't exist for these. The need to educate is more important than the need to vaccinate.

Because of this, basic advice such as drinking only bottled water, taking care with food, avoiding insect bites, and, particularly since the advent of HIV and AIDS, practising safe sex, is good advice for all travellers.

It's important to have a common sense attitude towards the risk of holiday illness. Just because someone is visiting Thailand, for example, does not necessarily

The world is certainly getting smaller in travelling terms. More and more people are finding that it's almost as easy to head to the Far East or the Caribbean as the Canary Islands. But these new destinations pose different health hazards. Jane Feely explains...

mean they will be exposed to all possible health hazards.

It's important to find out how long the trip is for, the exact areas to be visited and the nature of the holiday. Anyone taking a short business trip and staying in luxury hotels will need different advice to someone who is back-packing through the countryside.

Malaria

Malaria is the world's second biggest killer claiming the lives of 2 million people every year. Estimates of the number of cases a year vary between 100-400 million.

Areas where it is common include parts of South America, Africa, India, the Middle East and the Far East. However, around 2,000 cases

are "imported" into Britain every year by people who develop symptoms after being infected while abroad.

Malaria is caused by a small organism called Plasmodium. A person becomes infected when they are bitten by a mosquito which is itself infected with this organism. The female mosquito feeds on human blood between dusk and dawn and can transfer some organisms into the person's blood stream.

Symptoms of malaria usually occur seven to 15 days after infection. Initial symptoms are headache, pains in arms and legs, backache, nausea and fever. Although the fever can be mild, in other people it will be severe with shivering and sweating. Unless treated the fever occurs every two to three

Lovely to look at, but beware the health hazards

It is usual to take tablets for one week before travelling, during the time abroad and for four weeks after returning.

While abroad, sensible precautions include sleeping in screened rooms or under bednets, wearing clothes that cover arms and legs between dusk and dawn, and using an insect repellent.

Typhoid

Typhoid fever is caused by various strains of the bacteria Salmonella. In Britain around 50-70 cases are reported each year and about 80 per cent of these are infections from abroad, usually Southern Europe or North Africa.

Typhoid is caught when food or water is contaminated with human excrement. Symptoms include fever, headache, malaise, abdominal pain and diarrhoea.

Apart from following the principles of good hygiene, people travelling to areas where the risk of typhoid is high can be vaccinated. Two

injections are given four to six weeks apart with a booster after three years. A single shot typhoid vaccine (Typhim Vi) is now available.

An oral typhoid vaccine (Vivotef) was launched last month and is likely to appeal to anyone who dislikes injections. Three vaccine capsules are taken on alternate days and immunity lasts three years.

Hepatitis

"Hepatitis" refers to a disease in which the liver is swollen and inflamed. It is caused by several different types of a virus transmitted either in food and water (hepatitis A) or blood and other body fluids (hepatitis B).

Hepatitis A is usually transmitted by contaminated food and water.

Uncooked shellfish, salads and fruit washed in contaminated water are the main culprits.

The incubation stage can last up to 50 days. First symptoms are usually flu-like with a mild fever, headache and aching muscles. Stomach

pains, nausea and diarrhoea can occur. Jaundice gradually develops with its characteristic yellowing of the skin and whites of the eyes.

Immunoglobulin, which contains antibodies, can be injected to give protection against hepatitis but the effect is short-lived. A two-dose course of Havrix, a new vaccine, gives immunity for about one year, a booster six to 12 months later extends this for up to 10 years.

Hepatitis B is more severe than A and is not just a travellers disease.

Those at risk include homosexual men, intravenous drug users, haemophiliacs and some healthcare workers.

However, in parts of South East Asia, the Amazon basin, Africa and China, levels of hepatitis B are high and vaccination is considered for long-term travellers.

Symptoms start as non-specific and progress to jaundice. Complications can result in death. A three-dose vaccination gives immunity for three years.

Other infections

• **Cholera.** Cholera is caused by the bacteria *Vibrio cholerae* and is spread by the faecal contamination of water. Risk areas include Africa, Asia, Middle East and South America. The symptoms of cholera are acute diarrhoea and muscle cramps.

A vaccine exists but offers only limited protection for a period of six months.

Officially, since June last year, no country demands a certificate of vaccination against cholera but unofficially, some still do.

• **Meningitis (A+C).** This is a different form of meningitis to type B which occasionally causes outbreaks in the UK. Symptoms include fever, vomiting, photophobia, stiff neck and severe headache.

Vaccination is recommended for travellers to the sub-Saharan region of Africa, Nepal and the area of India around Delhi and Calcutta. Protection lasts three to five years.

• **Rabies.** This is a viral infection usually transmitted by the bite of an infected animal. Symptoms include fear of water, hallucinations, paralysis and coma. It is invariably fatal.

Thailand, Argentina, India and Pakistan have a high level of rabies and vaccination should be considered for those people spending more than a month working or travelling in rural areas of these countries.

• **Yellow fever.** Like malaria, yellow fever is transmitted by mosquitos. It occurs in Africa, south of the Sahara desert and in the Northern part of South America. Symptoms are a sudden fever with vomiting, haemorrhage and jaundice.

Yellow fever is the only disease for which vaccination is mandatory and then only for people who have visited an area where the disease occurs. Vaccination is only available at certain approved centres.

• **Polio and tetanus.** Remind travellers that it is wise to keep up to date with tetanus and polio vaccination. Boosters are available for both.

Sterile kits are often recommended for people spending long periods abroad, particularly if they intend to travel widely in rural areas. Standard contents include sterile syringes and varying sizes of needles, sutures, swabs and equipment for blood transfusion.

Water purification tablets, iodine filters or even special straws that filter water as it is drawn up, are all available.

Information

There are a number of sources of information on health risks when travelling. Some phone lines, like the Merieux Service, is restricted to healthcare professionals.

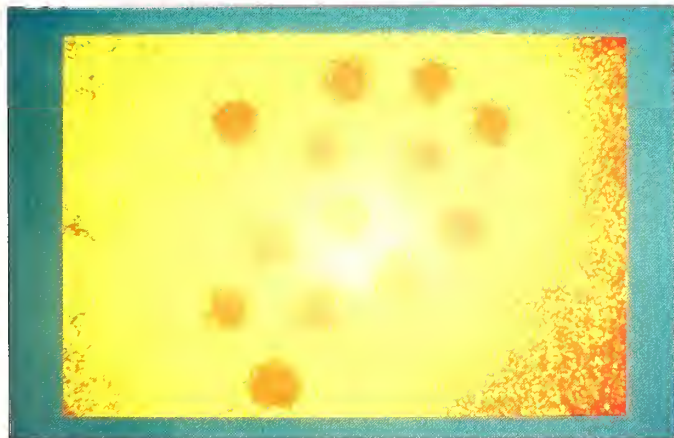
• **Merieux Vaccination Information Service.** Tel: 0628 773737.

• **MASTA Ltd.** London School of Hygiene and Tropical Medicine. Tel: 071-631 4408.

• **The Hospital for Tropical Diseases, travel clinic.** Tel: 071-388 8989/9600.

• **Malaria Reference Laboratory, 24-hour patient helpline.** Tel: 071-636 7921.

Copies of the Department of Health's leaflet (T4) giving advice for travellers is available by calling the health literature line on 0800 555777.



Picture: Courtesy of SmithKline Beecham

The virus which causes hepatitis A

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Sizzle-free sun

Despite the perils of sunbathing, it is possible to enjoy the sun safely. Jacqui Brommell gives some tips on how to avoid frying in the sun but still achieve a golden glow

The sun is two faced. While it makes most people feel instantly happier and healthier, its links with skin cancer and premature skin ageing are certainly nothing to smile about.

But although the trend is now for a light, golden tan rather than the deep mahogany tan of the 1980s, one thing is sure — customers still want to tan despite the risks.

Skin cancer is the second most common cancer in the UK, with around 30,000 victims each year — and the sun is the main culprit. The most deadly type of skin cancer, malignant melanoma, has doubled over the last decade and is associated with exposure to short, sharp bursts of sun — typical of an annual holiday! Other types of skin cancer are associated with prolonged exposure, and those who spend a lot of time outside are most at risk.

Although of course ageing is unavoidable, too much sun causes liver spots, deep wrinkling and sagging, thickened, leathery skin — not very appealing!

Sunlight has two main types of rays, UVB rays are mainly absorbed in the upper layers of the skin; they trigger the production of melanin and are mainly responsible for sunburn, skin cancer and ageing.

UVA rays penetrate deeper into the skin, but until recently, they were regarded as harmless. It is now believed they contribute to skin ageing and possibly skin cancers.

What is a tan?

A glowing tan may make us look and feel better than ever — but remember that it is really a sign of damaged skin. A tan is the body's way of defending itself against sunlight. It develops when UV rays stimulate the pigment producing cells in the depths of the skin. Melanin is then dispersed into skin cells and

carried to the surface.

Don't be fooled!

There are plenty of myths about suntanning so make sure you know the facts. The sun can be lethal in subtle ways. For example, it's important not to rely on shade as a shield — the sun's rays are reflected off water, sand and concrete, so even under an umbrella you could still get sunburnt! Sunlight can also penetrate several metres under water so make sure waterproof sunscreen products are used.

Even more surprising, clouds, water, glass and even loosely woven fabrics like hosiery won't stop the sun, so

Picture: Courtesy of Hawaii Tropic

cover up well even always.

Remember that it isn't necessary to burn before getting a tan. And a suntan doesn't protect against skin cancer or burning, it only increases natural protection by around two to four times — not enough to protect against long term damage.

Tips for safe tanning

According to the Health Education Authority, the Australians have a good set of rules for sense in the sun: "Slip on a top, slop on a sunscreen, slap on a hat!" A wide brimmed hat and good quality sunglasses are not just fashion

accessories but essential items. Follow the tips below to minimise the lethal effect of the sun:

- Don't try and pack a tan in the first few days of a holiday — tan gradually. The skin usually takes three or four days to start producing melanin, so only spend around 10 minutes in direct sunlight for the first few days
- Avoid sunbathing between 11-3pm when sunlight is most intense and the sun is directly overhead. A good tip is to look at the length of your shadow — if it's shorter than your height, the sun is overhead and is more likely to burn
- Always choose a sunscreen that protects against both UVA and UVB rays
- Apply sunscreen generously and reapply at least every two hours, as sweat, water, wind and towel friction will wear it away
- Never stay in the sun until skin goes red — redness shows that damage has been done
- Don't sunbathe for long periods in the same position
- Use a sunblock on sensitive areas like lips, eyelids, nose, cheeks, upper chest, shoulders, nipples and the soles of the feet — and balding heads!
- Don't forget to use a sunscreen on cloudy, breezy days too, and while swimming
- Wear a sunhat, t-shirt and sunglasses when sightseeing
- Drink plenty of fluids

— but not alcohol!

- Keep skin well moisturised before and after sun exposure.

Sunprep confusion

Not surprisingly, your average customer will have poor understanding of the meaning of SPF's, UV radiation, risks and skin cancer. Smith & Nephew's research shows that consumers take around 20 minutes to choose sunscreen products, so they would certainly benefit from advice.

There is even more potential confusion now that UVA protection should be considered too. But UVA protection should be

Continued on p14



considered along with UVB rather than alone.

Customers may also be confused by the variety of formulations available — creams, oils, gels and lotions. It is really down to individual preference, but creams tend to offer more protection as they can be applied more thickly. Water resistant formulas stay on for around 45 minutes, while waterproof ones stay on for double that time.

Confused?

Sunscreens absorb or block out the sun's harmful rays. Most have a Sun Protection Factor (SPF) which refers to UVB protection only. The higher the number, the greater the protection. SPF's are a guide to how much longer you can stay in the sun than you can with no protection. For example, SPF6 means it is safe to stay in the sun six times longer than without protection.

High protection is classified as SPF 15 and above; medium protection, SPF 7-14; and low protection, SPF 2-6. Sunblocks are available in SPF's of up to 25 and more, for total protection. However, manufacturers' definitions of SPF's vary so the same SPF number in a variety of brands will not necessarily offer the same protection.

This Summer, Boots introduced a star rating for all suncare products which takes into account UVA as well as UVB protection. The categories — from one star to four stars — give the ratio of UVA to UVB protection. The more stars, the more equal the protection from UVA and UVB. Boots say that customers should first select the required SPF and then the UVA star rating.

What's your type?

Your skin type is the key to what sun protection is required. Fair skins which burn easily are at most risk from sun damage and require more protection, but many experts believe no one should ever use an SPF below six.

Skin cancer is rare in black people, but it is possible for burning to occur, especially when living in a cold country and going on holiday abroad.

The HEA recommends:

- For sensitive skins that burn easily, use a SPF greater than 10
- For skins that tan easily but sometimes burn, use a SPF greater than eight
- For skins that tan easily, use a SPF greater than six
- A lower factor can be used after two to four days when a tan has developed.



The greatest risk of skin damage occurs in the first ten years of life, and there is evidence that many people receive their lifetime's quota of sunlight during their first 20 years.

Children are very sensitive to the sun as their protection doesn't fully develop until their teens, and their skin is thin, delicate and more prone to damage. Small babies should always be kept out of strong sunlight and children should always wear a high SPF sunscreen, hat and loose clothing.

It is not necessary to buy special suncare products for children, the important thing is that a high level of protection is used. However waterproof formulations are a good idea for children who are in and out the sea all day

Risky...

Although all of us are at risk from the harmful effects of the sun, those most at risk are:

- Those who work indoors
- Prolonged exposure
- Fair skins which don't tan or tan lightly and burn easily
- Skins which have suffered severe sunburn in the past, particularly in childhood
- All children
- Those with sun allergies and rashes

Making the most of it

Fake tans are an excellent way of achieving a bronze glow, and modern formulations can fool anyone if they are applied correctly. They are also useful for topping up a tan, but remember that most don't give protection against the sun.

Lastly, don't forget to recommend aftersun or body lotion and moisturising bath and shower products to keep skin smooth and help prolong a tan. Remember too that now is a good time for your customers to experiment with brighter make-up to enhance and complement their carefully achieved tan!

Sunburn

Red, hot burning, blistering skin ... most of us know the symptoms of sunburn. Around three quarters of the population have suffered at some time, not surprising when you learn that many people stay in the sun until they burn in the quest for a tan. But even one dose of sunburn may store up trouble, appearing as skin cancer many decades later.

There are various degrees of sunburn, but even a slight pink tinge with no soreness means that damage has been done. Sunburn takes 12-24 hours to reach its full intensity and usually means several days of misery.

The sunburnt customer can be recommended calamine lotion or skin soothing preparations, but they should be referred to their GP immediately if there is nausea, headache, dizziness and fever.

Drugs taken for acne, constipation, blood pressure, heart disease, diabetes, and bladder/kidney infections may cause redness, swelling or blisters after sun exposure. The contraceptive pill may also cause a reaction in sunlight called chloasma, a blotchy pigmentation, usually on the face. Again a high protection sun product is needed.

Perfumes and preservatives in suncare products may also cause skin irritation. And photodermatitis may occur when the chemicals in certain plants interact with sunlight.

Picture Courtesy of Nivea



Win a luxury weekend in Bath with Nicorette



Many people find it difficult to give up smoking and relapse rates are similar to those of heroin and cocaine addicts. A recent survey found that almost half of all smokers had made at least three attempts to kick the habit and about 65 per cent of people who give up smoking relapse within three months. Only about a quarter are still non-smokers 12 months after giving up.

The main reason smokers have difficulty giving up is because they are addicted to the nicotine in tobacco. Those who try to give up often experience unpleasant nicotine withdrawal symptoms and are likely to become anxious, restless, impatient and may have trouble concentrating and sleeping.

Smoking behaviour is another important factor with the act of "lighting up" being an integral part of many social and other occasions.

Successfully giving up involves breaking both the habit and the addiction. There are a number of aids to help people give up but so far nicotine replacement therapy is the only extensively clinically proven method.

Nicotine replacement therapy

Nicotine replacement therapy helps the smoker to overcome withdrawal symptoms and control the craving for cigarettes by replacing some of the nicotine in cigarettes in a more medically acceptable form such as nicotine gum.

It is important to remember that it is not nicotine but the other 2,000 chemicals in tobacco smoke which can cause most of the smoking related diseases and by using nicotine replacement therapy the smoker can double his chances of giving up smoking.

Nicorette

The most widely used form of nicotine replacement therapy is Nicorette, a nicotine-containing gum which Doctors have been prescribing for patients for over ten years. Nicorette works by releasing nicotine gradually through the mouth into the bloodstream when chewed.

It is available in two strengths, Nicorette 2mg which is available over the counter and Nicorette Plus (4mg), available for heavy smokers on private prescription.

There are three very important steps to follow when chewing Nicorette in order for it to be effective. Firstly, chew the gum slowly until the taste becomes strong, then rest the piece of Nicorette between the gum and cheek. When the taste fades, chew slowly again and repeat this process. Nicorette should not be chewed like normal confectionary chewing gum.

The recommended length of treatment for Nicorette is three months. Gum consumption should be gradually reduced after this period and then stopped.

Who should use Nicorette?

All customers who wish to give up smoking should be started on the lower strength 2mg gum. However, if the customer returns and is experiencing continued cravings for a cigarette then they should be referred to his GP.

Nicorette is contra-indicated in pregnancy and should be used with caution by patients suffering from cardiovascular conditions or ulcers.

The competition

The manufacturers of Nicorette, Kabi Pharmacia, are now offering you the chance to win a free weekend for two in the luxurious Bath Spa Hotel, set in acres of landscaped gardens overlooking the wonderful city of Bath. The 50 runners up will receive a handy Nicorette sports bag.

How to enter

To enter, simply select the correct answer to the following three questions. Send your completed entry form to: Nicorette Competition, Shire Hall Communications, 3 Olaf Street, London W11 4BE.

The winner will be the first correct entry selected on the closing date of September 30, 1992.

- | | |
|---|--|
| <p>1. What makes smoking addictive?</p> <p>a) The tar <input type="checkbox"/></p> <p>b) The nicotine <input type="checkbox"/></p> <p>c) The carbon monoxide <input type="checkbox"/></p> | <p>b) A nicotine lozenge for the throat <input type="checkbox"/></p> <p>c) An ointment which helps smokers give up smoking <input type="checkbox"/></p> |
| <p>2. On average, how many smokers who give up relapse within three months?</p> <p>a) 70 per cent <input type="checkbox"/></p> <p>b) 65 per cent <input type="checkbox"/></p> <p>c) 25 per cent <input type="checkbox"/></p> | <p>4. How should Nicorette be taken?</p> <p>a) Swallow one piece every hour <input type="checkbox"/></p> <p>b) Chew constantly <input type="checkbox"/></p> <p>c) Chew slowly until taste become strong, then rest gum between gum and cheek, then start chewing again when taste has faded and repeat <input type="checkbox"/></p> |
| <p>3. What is Nicorette?</p> <p>a) A nicotine containing gum <input type="checkbox"/></p> | |

Winners will be notified by October 30, 1992

Name

Address

Tel: (day)

Rules

1. Competition is open to pharmacy assistants, only.
2. All entries become the property of Kabi Pharmacia.
3. The closing date is September 30, 1992.
4. Entries received after this date will not be accepted. All entries will be examined by the judges. The judges decision is final and no correspondence will be entered into. Winners will be informed by mail by October 30, 1992.
5. Holiday must be taken by June 30, 1993 (excluding Christmas and New Year period) and is subject to availability. The weekend entitles the winner and partner to a two night stay at the Bath Spa Hotel and includes accommodation, breakfast and dinner. No cash alternatives.
6. 50 runners up will receive a Nicorette sports bag.

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HERE COMES SUMMER

Stocking up with sunpreps is all part of the holiday experience, but most of us expect our hair to take care of itself. Sun, sea, sand and chlorine all have a drying and damaging effect, so hair looks far from its best after two weeks in the sun. Sarah Purcell tells you how to make going on holiday a more enjoyable experience for your hair



As thoughts of Summer holidays and lazy days spent lying on sun-kissed beaches fill your head, spare a thought for your hair. With environmentalists warning about the effects of a depleted ozone layer, and doctors reporting a huge increase in skin cancer, it may seem trivial to preach on the damage sun can do to your hair.

But with long hair well and truly back in fashion and an ever-increasing portfolio of expensive haircare products available, it seems a shame to undo all that loving care spent on preening glossy locks in just two weeks.

Sunpreps are now seen as essential holiday purchases and consumers are encouraged to buy products that will really protect their skin, rather than change its colour as rapidly as possible. But how many of your customers ask for something to protect their hair? When they come in for their holiday shopping, make sure you can advise on holiday haircare products too.

No danger

While it is not dangerous to over-expose your hair to the sun, as it is your skin, UV light can cause extensive damage, especially to permed, colour treated or dry hair.

Since hair is effectively dead once it leaves the scalp, it cannot repair itself — only you can do that.

The most obvious solution is to cover your hair with a scarf

Continued on p18

- Hat and scarf to cover up in the sun
- Moisturising, frequent use shampoo
- Creamy conditioner
- Intensive conditioner sachets for use once a week
- Multi-purpose styling spritz
- Hair protecting gel, spray or cream with UV filters

Picture Courtesy of Wella

Continued from p17

or hide it under a floppy sunhat, just as the best sunscreen for skin is clothes. But this is not always practical, especially on a beach holiday. To prepare your hair for the sun you need products to look after it before, during, and after your holiday.

Preparation

This need not be time consuming — what's needed is extra nourishment to prepare your hair for the elements. Hair experts advise that you step up your haircare routine about six weeks before you go on holiday. Hair that's in good condition before you leave home will be more resistant to damage.

Recommend shampoos which claim to nourish and strengthen hair, as well as clean it. The new 2 in 1 products are fine for short hair or occasional use, but are not advisable for long, permed, colour treated or dry hair, all of which need extra conditioning. So although it may be tempting to save precious packing space by taking just one bottle, in the long run your hair will suffer.

Intensive issues

As well as conditioning hair after each shampooing, improve condition by using an intensive treatment, such as a hot oil or hair mask, once or twice a week, depending on hair type.

The best time to do this is before a bath, then relax and leave the product on for as long as possible, but for at least five minutes, before rinsing thoroughly.

Many of the latest styling products contain special conditioning agents and UV filters, so recommend these too.

If your customer wants to perm or colour her hair, this should not be done just before a holiday in the sun. Allow at least three weeks before the holiday, as these chemical processes open the hair cuticles, making the hair more porous and prone to damage which will not be easy to repair. Bleached hair is particularly vulnerable since all the hair's natural protection, melanin, has been removed.

Afro hair is genetically more porous than Caucasian. It also tends to be dry, and with over half of women with afro hair using relaxers, brittle hair and breakage are the greatest problems. Chemically treated hair needs extra protection in the sun, so

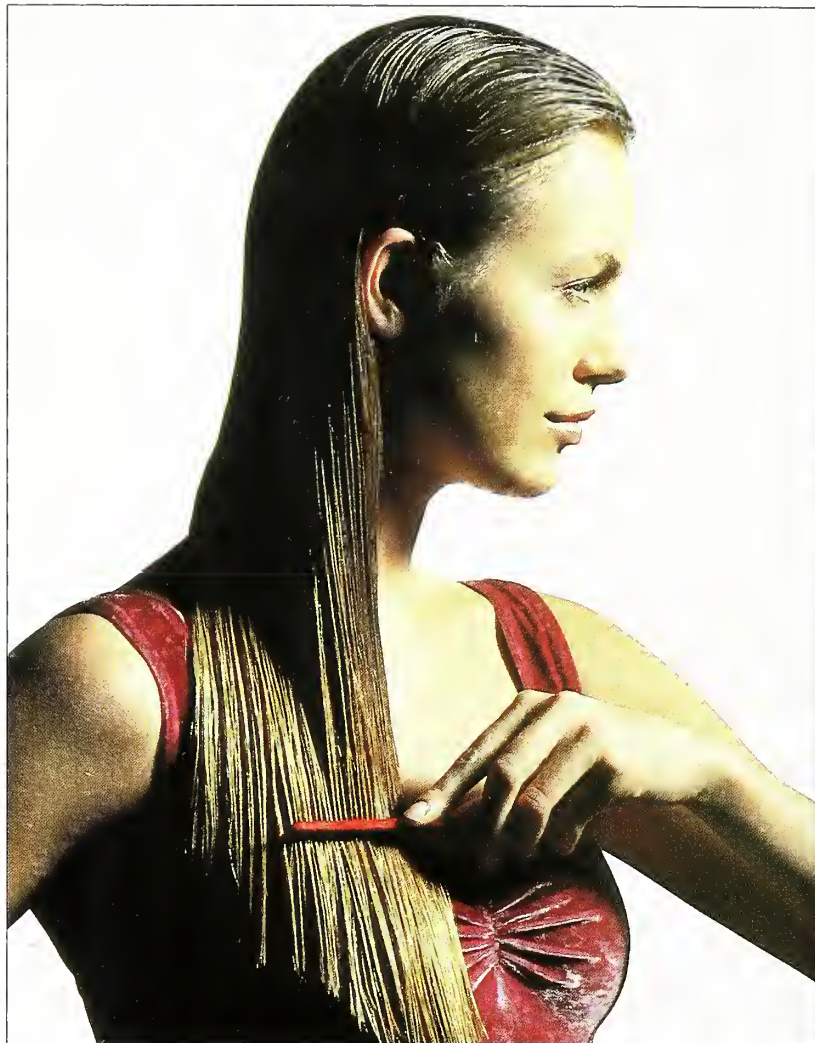
recommend hair moisturisers and waxes.

A good cut before you leave will help if your hair is in good shape, but if it is badly split, extra conditioning is the only answer, since split ends can occur right up the hair.

On holiday...

Once you're on holiday the level of protection you need will depend on where you are and what you're doing. If most of your time is spent on the beach or by the pool, your hair will be at greater risk than if you're sight-seeing in cities.

Before setting out for a day in the sun, protect hair by applying a generous amount of specially formulated sun protection gel, concentrating on the lower half of



Comb through extra conditioner before a day on the beach

the hair. Short hair can be slicked back with gel. Alternatively, comb conditioner through hair before going into the sun, which will help keep it moisturised.

Wash out

Always rinse hair in fresh water after a dip in the sea or chlorinated water. Hair should be shampooed daily to remove sand, dirt, sunscreen and salty residue. Follow with conditioner — one of the new spray-on, leave-in conditioners is a good idea during the day.

Your hair reacts to extreme changes of climate just as your body does, frizzy hair often becomes even frizzier and straight hair goes limp. To save space, as well as to create holiday styles, recommend one of the new multi-purpose styling spritzes, which can be used on wet or dry hair, to create body, style and hold.

When the holiday is over, don't give up on your hair — it still needs special treatment to restore that healthy sheen. Give your hair a treat with an intensive conditioning wax, masque or cream. With a little extra care, your hair will return from its holiday unscathed.



The new multi-purpose styling products save precious packing space

Picture: Courtesy of L'Oréal

Imagine the phone ringing constantly just as you are about to go out to the shops, or get into the bath, or as you are about to eat a meal or during the final episode of a long-followed television serial, or even worse, just as you are dropping off to sleep at night. You can't ignore it, it might be urgent.

A crying baby is rather like that telephone. You cannot ignore it either, but imagine what it would be like if you picked up the phone and it kept on ringing. You don't know why or how to stop it.

Parents of babies who never seem to stop crying are all too familiar with this scenario. It is not an imaginary one, it is real. Add to this feelings of guilt, thinking that it must be their fault they cannot stop the crying; isolation because nobody else's baby seems to cry so much, and frustration when a solution cannot be found. Maybe then you can understand why so many depressed and exhausted mothers make their way to the pharmacy for help.

Why it won't stop

We know of many reasons why babies cry in this way, and there are probably many more that we have yet to find out.

Pinpointing exactly why individual babies cry so much is one of the hardest things to do. Very often, no reason is ever found. It is important, therefore, to consider every possibility, to give support and reassurance, and to provide survival tactics if all else fails.

● **A physical problem.** When a baby cries he is trying to tell us that he is unhappy, uncomfortable or in pain. Undetected medical problems, such as ENT or urinary tract infections, are often the cause. This is why any mother of a crying baby must first of all visit her doctor. Such problems are usually easily cleared up and the crying stops.

● **A change of diet.** Allergies of various sorts are a common cause of constant crying. However, finding exactly what is upsetting the baby is difficult. A change from cows' milk to soya milk will help if the allergy is related to milk products but the allergy could relate to all sorts of other things.

The best advice is to encourage the mother to discuss the possibility with her health visitor so that together they can decide on the best plan of action.

● **Other reasons.** Sometimes the reason for crying is simple but often missed. Is it hunger or thirst? It is not uncommon for babies to want feeding

Help in a cry-sis



Courtesy of Karvol

Zita Thornton, freelance writer and co-founder of Cry-sis, the support group for parents of crying and sleepless babies and infants, offers some advice

every couple of hours particularly during a growth spurt. Sometimes hunger is mistaken for thirst when it is better to offer a drink instead.

A wet or dry nappy will cause extreme discomfort if the baby is prone to nappy rash. Protective creams and leaving him without a nappy will help ease the soreness.

Is he bored or lonely? Some babies need constant entertainment and reassurance that they haven't been left alone. Slings, baby bouncers which hang in doorways, mobiles, toys and the company of other babies are all ways of

occupying a demanding baby.

Survival tactics

Sometimes nothing seems to quieten the baby. At this stage a tired mother will soon reach the end of her tether and despair. Her pleas for help should never be ignored.

The mother needs reassurance that it is probably not her fault, nor is there a right or a wrong way to cope with a crying baby. If it works and it is safe, then whether granny, mother-in-law or even the next door neighbour agrees or not, it is the best thing for her baby.

One in every ten babies is a constant crier. It is a common problem, yet parents of such babies feel very alone. It would be helpful to mention other crying babies that you may have come across.

Even better is to mention babies who used to scream but no longer do. It is easy to imagine that the screaming will never stop, but in fact the crying usually peaks at about three months and lessens at ten to 12 months.

Encourage the mother to tell everyone about her crier, she will soon meet someone else who has been in the same situation.

It is difficult to get out with a crying baby, but visiting a friend or toddler group, even for a short while, will decrease the feeling of isolation and make the day go quicker.

Remind the mother that her own health is important. She should try to eat well and rest by doing only the most essential jobs around the house.

If a mother can't stand any more yelling, she should be advised to put the baby down somewhere safe, shut the door and go into another room.

Singing loudly will help relieve the tension and she will be able to go back to baby in a calmer frame of mind. It is better to throw a few cushions around than to end up throwing baby.

Where to get help

Cry-sis, a charity which offers help to parents of crying babies, is run by people who have been through it all themselves. They will listen, reassure

and advise over the telephone. Contact their helpline on 071-404 5011 or write to BM Cry-sis, London WC1N 3XX, enclosing an sae.

There are a number of gadgets, cassette tapes and rocking cradles available which can help to soothe the baby through the use of sound or motion. However, they do not work for every baby. For many of these to be effective you have to start using them before the baby is ten weeks old.

The following books may be helpful:

- "Crying Baby — How to Cope" by Pat Gray (Wisebuy, also available from Cry-sis).
- "The Crying Baby" by Sheila Kitzinger (Penguin).
- "It Worked for Me", anecdotes compiled by Cry-sis members.

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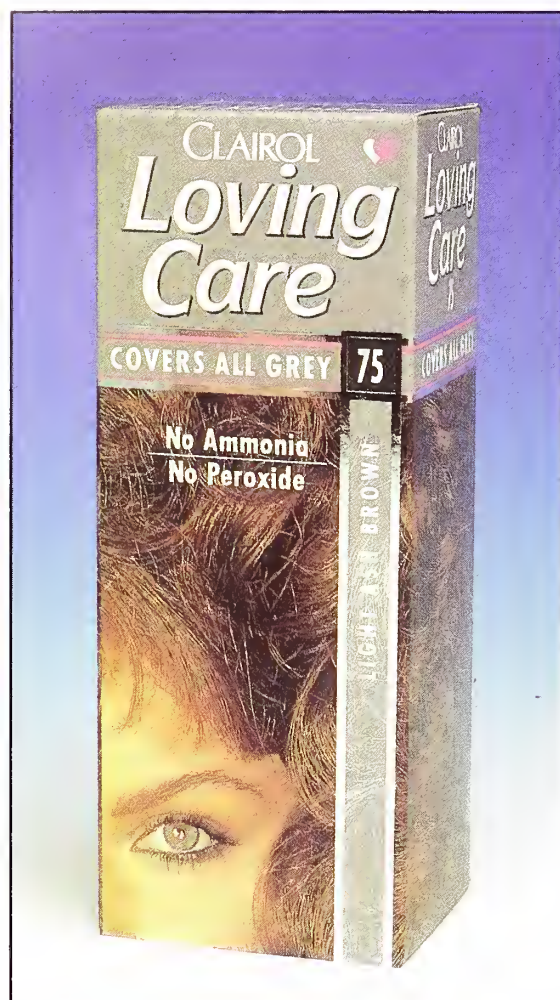
Breastmilk is the best food for babies. The purpose of infant milk formula is to replace breastmilk when a mother cannot, or chooses not to breastfeed. The cost of infant milk formula should be considered, and medical advice taken, before deciding how to feed a baby.

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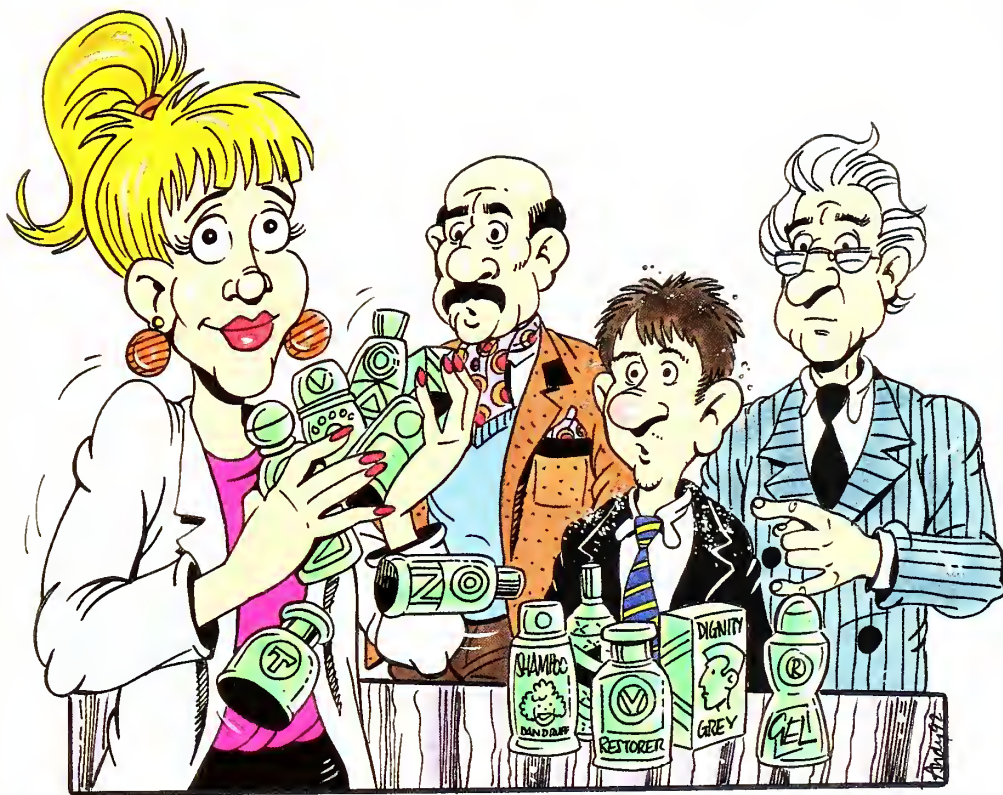
Bristol-Myers Co Ltd, Swakeleys House, Milton Road, Ickenham, Uxbridge UB10 8NS.
Tel: 0895 639911 Fax: 0895 636975 Telex: 925374.

Often described as "the crowning glory", well conditioned hair with a good cut or a hint of highlight can certainly turn heads. But our hair can also cause problems. Jane Feely looks at going grey, hair loss and dandruff

Far from being an afterthought designed to cause frustration when styling and costing a fortune in shampoo and conditioners, our hair is a living structure and its health reflects that of the rest of our body.

We have about 100,000 hairs on our heads and their main role is protection, particularly

Problems ahead?



from the harmful effect of radiation or minor injuries. It also helps keep the scalp warm.

Each hair consists of a shaft, most of which lies above the surface of the scalp, and a root found in the dermis of the skin.

Each hair shaft has three layers — the inner medulla, the middle cortex, where colour is found, and the outer cuticle which is made up of transparent scales.

The root of the hair lies in a follicle, the base of which is supplied with blood vessels, delivering those nutrients the hair needs to grow.

On average, our hair grows about 14mm a month; that's about one inch every two months. Summer heat increases the rate of growth.

Hair does not grow continually but in cycles. At any one time as much as 90 per cent of hairs are in a growing phase which lasts three to nine years. This is usually followed by a resting

phase of about three months, after which the hair falls out and is replaced by a new one.

Although most customers do not usually pick your brains about which shampoo to buy or which conditioner is best, it's a different story when things are not well.

Someone who wants to cover their first grey hairs, or who has noticed a gradual thinning of their hair, is more likely to ask for your advice. Understanding some common hair problems will help you help them.

Going grey

The colour of our hair is due to a pigment called melanin, the same pigment which gives our skin colour and which increases when we tan.

As we get older, melanin production in the hair follicle stops and the shaft of the hair, instead of being the normal hair colour, will be white. The fact that this looks grey is, in fact, an optical illusion. The extent to which a person

appears to have "gone grey" will depend on the number of white hairs, compared to the number which are still producing melanin.

The exact reason why the hair follicles stop producing their pigment is not known. But it is known to be hereditary. If someone's parents are grey they stand a good chance of going grey themselves. Shock can cause premature greyness, but although stress may affect the quality of our hair, it doesn't seem to be linked to premature greying.

The most variable factor about going grey is the age at which the whole process starts. Although we all tend to think of grey hair as something associated with old age, it's a fact that many people start to go grey relatively early in life.

How noticeable a few grey hairs will also depend on the original hair colour. The contrast of light against dark means that they are more

noticeable in a person with dark brown or black hair than in someone who is blonde.

And the sexes can differ in their attitude to going grey. While men can appear quite distinguished with a few grey hairs at their temples, women may not welcome their arrival with the same enthusiasm.

Nothing can reverse the process of greying and the only solution is colouring the hair to hide it. However, it's important that anyone reaching for the hair colourant realises that it is really only a temporary solution and that eventually they may have to go grey, preferably gracefully.

Many women, and men, for that matter, accept this and may want to colour their hair for a few years until they reach an age when they think it's OK to be seen with grey hairs.

The market for men with grey hair they'd rather hide is dominated by two products — Grecian 2000 and Just for Men. Between them they account for over 80 per cent of sales. The former gives a gradual colour change over two to three weeks and appeals to men who don't want a dramatic change.

Just for Men is a permanent hair dye and is more likely to appeal to younger men who don't mind the idea of a sudden colour change.

However, many men also buy women's hair colourants and they may feel awkward or embarrassed about asking for advice. Treat them gently!

About one in five women in the UK — that's about five million people — use colourants regularly, although not all of them need to cover grey hair. Women in the 35-55 age range are the most likely to use hair colourants although more women between the ages of 25 and 35 are starting to colour their hair.

For women, the hair colourant market breaks down into four different sectors — permanents, semi-permanents, blinding products and temporary colours. The permanent sector is the largest but the use of semi-permanents is growing the fastest. Full tips on colouring hair were given in the February/March issue of *Over the Counter* p12.

Both permanent and semi-permanent colours may be suitable for grey hair and the choice depends on the customer to some extent. However, for someone who is experimenting for the first

Continued on p24

Continued from p23

time a semi-permanent has the advantage of being easy to apply and will fade or wash out over a relatively short period of time.

Permanent hair colourants usually contain peroxide or ammonia and penetrate the cortex or inner layer of the hair, colouring every strand the same shade. Semi-permanents partially penetrate the hair shaft and so the natural colour shines through. The result has more variety in tone and shade.

While some products are not recommended for use by people with more than a certain percentage of grey hair, others, like Clairol's Loving Care, can cover up to 100 per cent of grey hair. Read individual packs for details.

When someone asks for advice on hiding grey hair, firstly identify their natural colour. For a younger person, the best hair colourant shade is the same shade as their existing hair colour.

However, as we get older, our skin tones become paler and using the same hair shade can look false. It is then best to try a product a shade lighter which will give a more natural result.

Anyone with over 50 per cent of grey hair may like to opt for a silver colour to give a more sophisticated look, rather than trying to hide it with what was once their natural colour.

Some people with long and/or thick hair may find there is insufficient in standard packs to give an even colouring effect. They may be best advised to use two packs. And don't forget to advise about doing an initial strand test to give some idea of the results.

A number of manufacturers can be contacted for answers to specific questions. Try:

- Annabelle Scott, Wella Hair Care Advisory Service, Wella Road, Basingstoke, Hampshire RG22 4AF.

- Jo Clair Advisory Service (Bristol Myers) on 0800 1881184.

Dandruff

Dandruff (*Pityriasis capitis*) is the most common of all the scalp conditions, and as many as three quarters of people will suffer at some time in their life. It commonly occurs between ten and 20 years of age but is rarely seen in children.

All over the body, skin cells are constantly being lost and replaced by new ones. On the scalp these old cells become loose and fall away in tiny clumps or flakes — dandruff. This becomes a problem when too many cells are produced and the flakes become

noticeable and the scalp itchy.

Severe forms of dandruff are often referred to as "seborrhoeic dermatitis" when the scalp becomes inflamed with a yellowish, greasy scaling.

Exactly what triggers this rapid growth of cells is not known. It may occur as a result of over active sebaceous glands. These produce sebum, an oily substance which helps keep the hair resilient, and are often over active during puberty.

One theory links dandruff to a fungus-like organism called *Pitrosporum ovale*. Although everyone has this organism on their heads to some extent, dandruff sufferers have higher levels.

The best advice for anyone with mild dandruff is to try a medicated shampoo. Some, such as Head & Shoulders and Vosene, will be displayed with standard shampoos. Others, such as Lenium and Selsun are Pharmacy-only products and will be kept near the dispensary. Anyone with severe dandruff which has not cleared up with medicated shampoos should visit their doctor.

Once the dandruff has been cleared, following the tips on a healthy hair diet (see box) will help your customers stay flake free.

Hair loss

Perhaps the greatest hair worry for men and for some women is when it falls out — "alopecia".

The most common type of hair loss is male pattern baldness, which is also called androgenic alopecia because it is linked with certain hormones in the body. Hair loss is usually from the temples and the crown of the head.

About 5 per cent of men will start to loose their hair in their 20s. This proportion rises during their 30s and by the time they reach their 70s over 80 per cent of men have lost some hair.

Androgenic alopecia also occurs in women but it usually starts later and is less noticeable. About a third of women between the ages of 20 and 60 will have some degree of hair loss.

Hair may also fall out after certain nervous conditions, injury or prolonged fevers. Drugs such as those used in cancer treatment, or some antidepressants or anti-hypertensives, can cause temporary hair loss. It may also be linked to too little iron or too much vitamin A in the diet.

Some people suffer from a condition called alopecia areata

where the hair is lost in patches or clumps. Eventually the hair grows back although the new hair may be white initially.

Regaine is a prescription only product for the treatment of male pattern baldness. It's active ingredient is minoxidil and it is applied directly to the scalp twice daily.

It must be used for at least four months before results can be expected and the company says that between a quarter and a third of users will show at least moderate hair growth.

Anyone who asks about a treatment to make their hair grow back should be referred to their doctor who will assess the reason for their hair loss and their suitability for treatment.

While people like Duncan Goodhew and Yul Brynner have made it less unusual, even attractive, to be bald, the effect of losing hair can be traumatic.

Individuals often feel that good appearance demands a full head of hair and they may need reassurance that they are not a freak. Contacting people who have had similar experiences may help.

Hairline International teaches people how to cope with hair loss. Details are available by sending an sae to Hairline International, St John's Close, Knowle, Solihull, West Midlands, B93 0NN.

Romanda Healthcare, who make Kavis lotion and shampoo for thinning hair, run a telephone helpline on 081-346 0784.

(Additional information courtesy of Bristol-Myers, Janssen Pharmaceutical and Abbott Laboratories).



Healthy hair

The following tips will help ensure your hair stays shiny and manageable and your scalp healthy.


- Wash hair frequently to remove dust, grime and other pollutants. Use a conditioner if hair is on the dry side
- Avoid extremes of water temperature, always rinse hair with comfortably warm water
- Never rub hair when wet, simply pat out excess moisture with a towel. Remove any tangles gently with a wide-toothed comb
- Avoid harsh blow drying and excessive use of styling aids like mousse, gel, wax and hairspray
- Keep all combs and brushes clean
- Watch your diet — A balanced diet with plenty of protein and fresh fruit and vegetables to supply vitamins and minerals will help. Scalp problems can be triggered by too much highly processed foods in the diet
- Take regular exercise to stimulate circulation and keep a healthy blood flow to the scalp.



Jackie Wilson, healthcare assistant in Boots Pharmacy, Reading was one of three lucky winners in an Allergan competition earlier this year. Entrants were trained on lens care products and quizzed to test their knowledge and understanding of which products should be used with which type of contact lens and with what frequency. Jackie received her prize of a mini colour television from Mark Evans, product manager at Allergan Optical

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UV protection is more than a burning issue

In a recent survey of UK beauty journalists, key influencers on skincare for today's women, the effect of ultraviolet (UV) rays on the skin was highlighted as the skincare issue for the '90s. In fact, protecting against the premature appearance of skin ageing – one of the direct results of exposure to UV light – was revealed to be one of the most important daily skincare considerations for women in the UK

To meet this growing consumer need Oil of Ulay has introduced a new range of daily facial moisturisers. Oil of Ulay Daily UV Protectant provides women with daily protection against the harmful ultraviolet rays in ordinary daylight that accelerate the skin ageing process. At the same time the new range *moisturises* effectively and gently.

Understanding the issues . . .

Oil of Ulay is encouraging women to make UV protection part of their normal skincare routine. Women are becoming aware that UV protection is important on a daily basis and *not* just to prevent sunburning. However, they remain confused about the reasons *why*. To help overcome this confusion Oil of Ulay is educating women about UV in its above and below the line marketing activity.

As more and more daily cosmetics and moisturisers incorporate Sun Protection Factors (SPFs) women are increasingly looking for purchasing advice at point of sale. It's therefore imperative that pharmacy staff understand the issues surrounding UV, and how they relate to *daily* skincare.

FACT: Ultra Violet rays in ordinary sunlight contribute to lines and wrinkles.

Why are UV rays harmful?

UV rays can be broken down into two main types – UVA and UVB. Both are present in the UK in ordinary daylight and are potentially damaging all year round, *even* on cloudy days. Contrary to what many people believe clouds decrease UV light by *only* 10 per cent.



UVB rays, commonly associated with burning and redness, are considered most dangerous. They penetrate the skin's outer layer through to the epidermis, where they damage the structure of the skin's cells, and can eventually undermine the skin's natural repair mechanism. This causes premature skin ageing – and in severe cases can also lead to skin cancer.

UVA rays are associated with the appearance of skin ageing. They penetrate deeply into the dermis and damage the skin's supporting structure and elasticity. This causes skin to sag and leads to lines, wrinkles,

dryness and other visible signs of ageing.

Any exposure to ultraviolet light – and in doses far less than is necessary to cause sunburn – has an impact on the skin. The impact is not always immediately visible. The damage accumulates over time with a very visible end result – wrinkles, lines and dryness.

It is in fact daily exposure to UV rays during everyday activities like walking to work or shopping that does the real long term damage. To minimise this cumulative damage it is therefore important to protect everyday. That's why dermatologists

recommend a *daily* Sun Protection Factor (SPF) of 15 to protect against the harmful UV rays in *ordinary daylight*.

Oil of Ulay Daily UV Protectant contains an SPF of 15 which filters out over 90 per cent of the harmful UV rays that cause premature skin ageing. It contains three active sunscreens to offer significant protection against damage from both UVA and UVB rays. To ensure customers are clear about the precise level of UVB protection they are receiving, Oil of Ulay Daily UV Protectant clearly states the SPF level on the front of all packaging.

Many cosmetics and skincare products containing UV filters offer only low level protection, permitting between 25 per cent and 50 per cent penetration of damaging rays.

Skin type

Some products containing sunscreens can irritate sensitive skins. Oil of Ulay Daily UV Protectant, which includes Beauty Fluid and Replenishing Cream is available in both Regular and Hypo-Allergenic variants. The Regular variants have a new delicate, refreshing fragrance, while the Hypo-Allergenic variants are colour and fragrance free providing the mild and gentle care extra sensitive skin needs. Extensive testing shows that women with sensitive skin have excellent tolerance to the Hypo-Allergenic products in the range.

Oil of Ulay Daily UV Protectant has been specially formulated to combine the best moisturising ingredients with high level sun filters. The result is a facial moisturiser which not only protects but also offers Oil of Ulay's traditional level of non-greasy, light moisturisation to help maintain fresh and youthful looking skin.

The range comes in distinctive yellow and white striped packaging – the Regular packs feature white on yellow and the Hypo-Allergenic products yellow on white – and is immediately recognisable as a member of the Oil of Ulay

family.

Oil of Ulay Daily UV Protectant Beauty Fluid comes in two sizes, 100ml RMP £4.25 and 150ml RMP £5.85. The Replenishing Cream is available in a 50ml jar RMP £5.29.

The Replenishing Cream comes in a stylish jar, incorporating Oil of Ulay's world famous madonna logo, instantly visible in the window carton. All packs feature the endorsement of The Skin Cancer Foundation, an American organisation which recommends the daily use of SPF 15 products.

To ensure its success Oil of Ulay is putting a major investment behind the new range. To establish the product's credentials as a daily use moisturiser marketing support will run *throughout* the year.

TV advertising

TV advertising, emphasising the importance of daily protection, is currently on air nationally and will run to the end of July. This message will then be extended to women's consumer magazines in a major print advertising and sampling programme through Autumn and Winter. In addition, an on-going public relations campaign focusing on consumer education is underway.

Consumer education at point of sale will also be a key element in the support programme. A comprehensive pharmacy pack to help staff answer customer's questions is planned for late Summer. The pack, to be distributed by Procter & Gamble's sales force, will also include consumer literature to promote better understanding of the issues. In addition, pharmacists and assistants will have the chance to test their UV knowledge in an open-entry competition.

As women in the UK become better educated the demand for daily protection can only increase. Essentially therefore any woman – and that means any customer – is a potential Daily UV Protectant user.



Contraception choices

There are few subjects which can produce as much controversy and debate as contraception. But whatever your religious views, your customers may want advice.

One person's thoughts on contraception and what they understand by it will differ from another. It's not even the same in different dictionaries. One defines "contraceptives" as "agents which prevent pregnancy or the implantation of the ovum", while another adds the word "unwanted" before the word "pregnancy".

As always, it is best to start with basics. Conception takes place when a female egg is fertilised by a male sperm. Implantation occurs when this fertilised egg becomes embedded in the womb. In simple terms, therefore, any method which prevents this implantation taking place represents contraception.

The female menstrual cycle is approximately 28 days long. The first day of menstrual bleeding is called day one. During the four to five days of bleeding, a follicle containing an egg develops in the ovary. At maturity, about day 12 or 14, this egg is released from the follicle and travels along the fallopian tube to the womb.

The lining of the womb will have become thickened and engorged with blood ready for the fertilised egg to be implanted. If the egg is fertilised by a sperm, and pregnancy occurs, the womb lining continues to develop. If not, it is shed — menstruation — and the cycle starts again.

Old wives' tales

It is incredible that in the 20th century people still believe some of the myths linked with getting pregnant. Some of the dafter ones say that a woman can't get pregnant if she is breast feeding, if she does not have an orgasm, if she is having a period, or if the man "pulls out" before ejaculation.

The truth of the matter is that a man produces literally millions of sperm each time he ejaculates, all of which are capable of fertilising the one egg the woman produces. If the timing is right pregnancy will occur.

Planned parenthood

If we were to plan parenthood more effectively there would be fewer abortions, fewer children starving, reduced risks of premature deaths and fewer psycho-social problems.

In this day and age there should be little excuse for

Jeremy Clitherow FRPharmS, a community pharmacist from Knotty Ash in Liverpool, discusses the different options available for couples who wish to have sexual intercourse but not start a family



unplanned parenthood. From the statistics available for one large city, it is clear that the majority of pregnancies in the under 20 age group are unplanned. Rates of abortion for girls aged 16-19 are increasing every year.

It makes sense for everyone who is sexually mature, whether sexually active or not to know about contraception. The pharmacy is a good place for such advice because it is anonymous, has a friendly atmosphere and your customer does not need an appointment.

Natural methods

No matter which method is adopted, it should be acceptable to both partners and not impinge upon the natural function of the sex act.

The oldest and most effective method of all is abstinence. If there is no sex there can be no fear of an unwanted pregnancy, sexually transmitted diseases, AIDS or whatever. "Just say no" applies to sex and drugs alike and is probably the best advice for the very young.

Then there is the natural or rhythm method. If there is no viable egg, there can be no

fertilisation and no pregnancy. A woman with a "regular" cycle can expect to ovulate between day 12 and day 16. She may also notice a small change in temperature and vaginal secretions. By keeping a chart of these symptoms, she can predict when she will ovulate and act accordingly.

Surgical methods

Castration is the surgical removal of the man's testes, where the sperm are produced. It is drastic, irreversible and emasculating.

Vasectomy, however, is the surgical disconnection of the tubes which carry the sperm from the testes to the outside. Semen is still produced and ejaculated but no sperm are present. Reversal is possible but the results vary.

Vasectomy should, ideally, be considered permanent and only undertaken when both partners are absolutely sure.

The female equivalent is what doctors call tubal ligation. During this operation the fallopian tubes are severed and either fused surgically or tied off, or both.

Rather like vasectomy, this prevents the active cells, in this

case the egg, travelling to the womb, and so prevents fertilisation taking place. Again, this operation should also be regarded as permanent.

Hysterectomy is the removal of the womb in its entirety although the vagina and one or both ovaries are usually left in place. Hysterectomy will bring about total sterility, in the contraceptive sense of the

word, but is not the operation of choice. It will, however, be performed if other factors such as cancer or fibroids influence the surgeon's choice.

Chemicals & barriers

There are some substances which can produce a hostile environment for sperm and others which kill the sperm off. The way this happens varies, some agents affect the osmotic pressure of the cell, others act like detergents and reduce the surface tension, while more modern ones reduce oxygen uptake and damage the cell's respiration.

These compounds are available in many forms including creams, gels, pessaries and foams. While they are better than nothing, they should not be relied upon as the sole method of protection. However, combined with a properly fitted cap, for example, they offer a good percentage safety rate.

Mechanical barrier methods include the sheath, cap and sponge. The sheath, or condom, is the most commonly used method of all. In addition to its high success

rate, it offers a degree of protection against certain sexually transmitted diseases. With care, accidents should not occur with condoms. They are fairly delicate and can rupture with enthusiastic use or even come off but these are exceptional circumstances.

It makes sense to purchase a good quality condom. Look for the British Standard Kitemark on the packet and always check the expiry date. The female condom is due for launch in the UK in October. These are basically a sheath that fits inside the

seven shapes.

The exact mechanism by which an IUD works is not clear. It cannot prevent the sperm and the egg meeting so it probably prevents the fertilised egg implanting into the lining of the womb.

Once inserted, IUDs are immediately effective and can be expected to have a life of approximately five years. They are best suited for use by the older woman and once fitted, apart from the occasional check by the patient that the device is still in place, can be forgotten.



The pharmacy is an obvious place for advice on safe sex and condoms

body, lining the vagina.

Trials with one make, Femidom, suggest that it is an effective barrier to both sperm and to sexually transmitted diseases. Its relative efficiency is likely to be similar to that of the male condom.

The cap, the dutch cap and the diaphragm all form a barrier across the cervix, which lies at the top of the vagina, and prevent the sperm reaching the egg.

However, they rely upon a mechanical seal for effectiveness. The woman must always use a spermicide as well, applied to the rim of the cap all the way round.

There may be some confusion about how long the cap should be kept in place, before and after intercourse. Essentially, the advice is to use a spermicide ten minutes or so before intercourse, more if the performance is to be repeated, and not to remove it for at least six hours afterwards.

The contraceptive sponge is a one size, highly absorbent sponge which contains a spermicide. Its effectiveness can be similar to that of the diaphragm and needs similar care and consideration for effective contraception.

Inter uterine devices

These are often abbreviated to IUD but many people call them "the coil". Some IUDs do have coils of wire, usually copper, wound around their frames, but not all. Others are loops, T shapes and figure

tablet, usually called "the mini pill".

The combined variety contains both synthetic oestrogen and progestogen. They prevent the production of the egg by inhibiting the secretion of certain hormones. In addition, they prevent the changes taking place in the lining of the womb that are necessary for implantation, and alter the mucus in the cervical region.

A typical pack of the pill contains 21 tablets, one to be taken each day with seven tablet-free days to follow, during which a period takes place. Some makes contain 28 tablets and are called ED preparations. These are taken every day because the additional seven tablets are inactive.

For the current advice for women who forget to take a pill, see the April/May issue of *Over the Counter* p29.

The progestogen only, or mini pill, may be more appropriate for some patients. They must be taken every day, ideally at the same time. A difference of four hours may well be critical.

They act by making the womb hostile to the sperm and also making the lining of the womb inhospitable to any fertilised egg.

The mini pill may prove to be the answer, in the short term, for women whose risk category rules out using the

combined pill. Such people could be the older woman, particularly if she can't, or doesn't want to, stop smoking or nursing mothers.

A further development of the mini pill is the depot injection. The same hormone is used but it is dissolved slowly over three months and is very effective - one injection and forget it.

Yet another development is the impregnated ring pessary. The mechanism is similar to the progestogen mini pill and the depot injection. The ring, containing the medication, is inserted into the vagina and left there for three months.

Like the mini pill, this might be considered as suitable for nursing mothers and those people who cannot take oestrogens. In addition, depot injections and ring pessaries are best suited for those who forget to take their pill everyday.

Implants and transdermal patches, which release their medication through the skin, may also be developed in the future.

The morning after

There are two methods of "morning-after" or postcoital contraception. Both require a visit the doctor within five days of unprotected sex — and the sooner the better.

Morning-after methods must be regarded as emergency procedures only and not for routine use. The two methods are hormonal and IUDs.

Hormonal morning-after pills contain a mixture of both oestrogen and progestogen. The patient takes two tablets at once and the other two 12 hours later. Nausea and vomiting can be a problem and prevent the pills being absorbed. Some GPs may prescribe an anti-emetic or additional pills "just in case".

IUDs are effective for use "after the event". They do, however, need to be inserted by a doctor within five days of unprotected intercourse.

Lubrication

Vaginal dryness can occur during or after pregnancy, after surgery or during the menopause and can result in discomfort during intercourse.


There are a number of vaginal lubricants available usually in gel or pessary form. Some women also use them with certain methods of contraception such as the condom or cap. However, these products are not contraceptives themselves.

Some couples use baby oil or petroleum jelly but these can damage the rubber of condoms or diaphragms. Water-based lubricants (eg K-Y Jelly or Clinijel) are preferable.

Medicinal methods

The pill is reputed to be the most effective, reversible method of contraception. There are two types of formulation — the combined preparation usually called "the pill", and the progestogen only

Method of contraception	Number of pregnancies per 100 women
Combined pill	Careful use — less than 1 Less careful use — up to 7
Progestogen only pill	Careful use — less than 1 Less careful use — 1 to 4
Contraceptive injections	Less than 1
Vaginal ring (available 1992)	Careful use — 4 to 5 Less careful use — no figures yet
IUD	1 to 3
Diaphragm or cap with spermicide	Careful use — 2 Less careful use — 2 to 15
Vaginal sponge	Careful use — 9 Less careful use — 9 to 25
Morning after pill	Less than 4
Male condoms	Careful use — 2 Less careful use — 2 to 15
Female condoms (available 1992)	No figures to date, likely to be similar to the male condom
Natural method (Sympto-thermal)	Careful use — 2 Less careful — 2 to 20
Female sterilisation	0.1 to 0.3
Male vasectomy	Failure rate 0.1



Headache at 10.00. St. Mark's at 12.00.

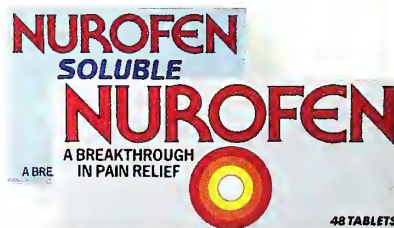
..... Time for Nurofen.

Clinical trials have shown that Nurofen is more effective than aspirin or paracetamol in relieving headaches. And, unlike some combination products that include codeine, it doesn't cause constipation or dependence.

Nurofen (ibuprofen) also performs well in relieving most other common indications: period pain, dental pain, muscular aches, flu symptoms. Also, unlike paracetamol and codeine, Nurofen has anti-inflammatory properties.

This efficacy is accompanied by an equally impressive safety record. Nurofen is safer in overdose than either aspirin or paracetamol, and less likely than aspirin to have an adverse effect on the gastrointestinal tract.

Since Nurofen and Nurofen Soluble are sold only in pharmacies, more and more customers are bound to come to you for them. So ask for our new Professional Guide to Pain Relief: it'll help you recommend Nurofen on the basis of hard clinical data. And when you compare Nurofen to any other analgesic, we think you'll come to the inevitable conclusion – there is no comparison.



Nurofen. When it's time to recommend.

If you would like to receive our Professional Guide to Pain Relief, write to Crookes Healthcare Limited, P.O. Box 94, 1 Thane Road West, Nottingham NG2 3AA.

Sally: "I had a very bad headache a couple of days ago and I think it might have been migraine. What can I buy to treat it if it happens again?" Assistant: "Well the first thing is to decide if it was migraine or not. Was this the first time you've had such an attack?"

"I think I had something similar a couple of months ago but it wasn't very bad so I thought nothing of it."

"How long did the attack last?" "The best part of the day really, but I felt really groggy for a while afterwards."

"What sort of symptoms did you have?"

"It was mostly a headache but it was so bad I felt like lying down. I didn't feel like eating either. Eventually I went to sleep and when I woke up it was gone."

"Were you sick at all?"

"No, but I did feel a bit queasy which was why I didn't eat anything."

"Did bright lights or sounds bother you?"

"I was OK with sounds but I tried to watch TV at one stage and that seemed to make my eyes hurt."

"How did you feel before you had the headache?"

"Fine, I think."

"No flashing lights or anything like that?"

"No."

"And how did you feel afterwards?"

"Just a bit tired and run down but otherwise OK."

"Did you do anything usual or eat anything different before this attack and the last one?"

"I don't really remember."

"Well it certainly sounds like what is called common migraine. Although there is no cure you can take an analgesic, such as aspirin, paracetamol or ibuprofen. There are also some combination products which include something to help the nausea if that's a problem."

"When should I take the tablets?"

"As soon as you feel the symptoms start. Try having a cup of tea or something light to eat and sit quietly for half an hour or so, that may also help."

"Can I avoid the attack at all?"

"Well that all depends on what causes it. Most people notice that their migraine is caused by one or more trigger factors. Common ones are cheese, chocolate, stress and your monthly period."

If you have another attack try listing all the things you may have eaten or done in the

days before. You may notice a pattern and once you know what your particular trigger factors are, you can try and avoid them."

and classic migraine.

Common migraine, or migraine without aura, has a headache usually on one side of the head with nausea and a

A migraine headache



Sally Maladie thinks she may have suffered a migraine attack. How can you tell the symptoms from a normal headache?

Migraine facts

Migraine is probably more common than most people realise. It affects about 10 to 15 per cent of the population although women suffer more than men.

About half of all migraine sufferers have their first attack before they are out of their teens. The majority of sufferers are under 45 years of age.

Migraine is thought to be caused by a narrowing and widening of blood vessels in the head. It is defined as a very severe headache lasting between four and 72 hours, typically with no symptoms in between attacks.

There are two main types of migraine — common migraine

dislike of bright lights.

Classic migraine is like common migraine but sufferers also have an "aura". In other words, the person may see flashing lights, zig-zags or even partially lose their sight before the headache develops.

Many sufferers find their migraine can be linked to certain factors or triggers. These vary from one person to another and any one person may react to more than one.

Among the most common triggers are food — particularly cheese, chocolate, red wine, coffee, tea and Chinese food. Fasting or missing meals can also cause attacks. Hormonal changes

such as before, during or after menstruation, post-menopausal, pregnancy or the oral contraceptive pill may cause problems.

Other things to look out for include too much or not enough sleep, changes in climate, strong smells, visits to the cinema, exercise, stress, smoking or travel.

Some migraine sufferers may experience warning symptoms a few hours before an attack. They may feel unusually tired, or have mood changes. Others

may find they crave certain types of food, especially sweet things.

Those suffering from classic migraine may get the visual signals or "aura" and the headache then builds over a period of up to three hours. The pain may be on one side of the head, or both, and some people say it feels like it moves during the attack. Severe pain may be felt behind the eyes or at the front of the head.

As the attack continues the sufferer may look pale and feel sick. Ordinary light or even sounds may become unpleasant (photophobia and phonophobia). At this stage the person will probably want to lie still in a dark room and try and go to sleep.

Once the headache has gone, most migraine sufferers say they feel tired and washed out, although others are just relieved that it's over.

Treatment

There is no cure for migraine and sufferers are best advised to try to identify their own trigger factors and avoid them.

In most cases of mild migraine early treatment with an analgesic (paracetamol, aspirin or ibuprofen), either singly or in combination with other products like codeine, is important. Some products (eg Migralve) combine analgesics with an anti-nauseant — buclizine hydrochloride.

There are a number of treatments for migraine that are only available on prescription. Anyone who suffers from severe or frequent attacks should visit their GP who may refer them.

Anyone who reports their first migraine after the age of 40, or who suffers from blackouts or progressive weight loss, or has a headache that is rapidly increasing in severity, should also be referred to their doctor.

Betasept – a very special kind of care

Iodine and Povidone

Iodine

Iodine itself has, of course, long been familiar as a fast acting effective germicide which kills all classes of micro-organisms. To work, iodine must be in a liquid, for example tincture of iodine. The resulting solution is brown in colour and can stain as well as causing irritation and allergic reactions. Iodine however, when combined with an inert polymer called povidone will form povidone-iodine. The povidone will then act as a reservoir, trapping iodine and releasing it in a controlled, slow release manner. Povidone-iodine retains all the germicidal activity of iodine but has minimal potential to cause irritation or allergic reaction whilst at the same time, not staining the skin. All the products in the Betasept Range contain povidone-iodine.

Treatment for Acne

Acne is the cause of a great deal of misery, particularly among teenagers, who are becoming more concerned about their appearance just at a time when acne is most likely to strike. There are in fact several types of acne, *acne vulgaris* being the most common and it may be classified as mild, moderate or severe. Blackheads, whiteheads or "spots" are caused by the hair follicle becoming blocked when there is a build up of excess oil and dead skin cells. Acne is treated by reducing the bacterial population of the sebaceous gland, removing any blockage of the sebum flow and reducing the sebum secretion.

Betasept Acne Wash is a licensed medicine, unlike many OTC acne preparations, and is indicated for the treatment of *acne vulgaris* of the face and neck. It is effective in killing the bacteria present in acne and also reduces the sebum concentration in the skin and pores. The pH of Betasept

Earlier this year Napp Consumer Products Division launched a new range of products containing povidone-iodine, an antiseptic agent which is effective against all classes of micro-organisms. The range includes Betasept Shampoo, a treatment for dandruff and other infected scalp conditions, Betasept Antiseptic Gargle and mouthwash and Betasept Acne Wash. Povidone-iodine is already used in hospitals worldwide for the prevention and treatment of infection with its effectiveness well documented in over 500 clinical trials.

Acne Wash is 5.1–5.5 which corresponds to the normal pH of the skin, and this is important in maintaining general skin health.

Betasept Acne Wash is easy to use and unlike many creams, it is not sticky or smelly. It is applied to wet skin either directly or using cotton wool. The area should be cleansed thoroughly before rinsing. This procedure should then be repeated before drying with a



clean towel. Betasept Acne Wash does not stain the skin.

Treatment for Infected Scalp Conditions

Betasept Shampoo is indicated for the treatment of dandruff and other infected scalp conditions such as impetigo, folliculitis and pyoderma. It is advisable for people with severe cases of these other conditions to consult their doctor.

Many leading experts now accept dandruff and seborrhoeic eczema is caused by a yeast. While dandruff is unpleasant and inconvenient, it should not be confused with the more severe form of seborrhoeic eczema/dermatitis. Dandruff is very common and can easily be recognised by a loose, greyish white scaling of the scalp. Seborrhoeic eczema, however, is characterised by redness, itching, inflammation and scaling of the scalp and in some cases, yellow crusting and hair loss can occur.

Betasept Shampoo is effective in treating seborrhoeic conditions of the scalp caused by yeasts, bacteria or any other kind of organism which may be present. In addition to killing the causative organisms, Betasept Shampoo also reduces excessive oiliness and scales as well as the itching and irritation they cause. Betasept Shampoo is easy to use, pleasant smelling and does not stain the skin or hair. It should be used twice a week until the condition improves, when one treatment a week will be sufficient.

the mouth is oral thrush.

The fungus that causes oral thrush can be found in the mouths of healthy people but

products are inactive.

Antibiotics again would not be effective against viral infection and the sufferer needs the relief that can be provided by a product capable of treating all possible causes of the infection.

Betasept Antiseptic Gargle and Mouthwash is effective in treating throat and mouth infections, whether fungal, viral or bacterial in origin. Just 10 mls, undiluted or diluted in warm water, gargled or rinsed for 30 seconds four times daily brings relief.

Support across the range

The Betasept range continues to be supported by a major consumer press campaign throughout the spring and summer months. The advertising will run in several national newspapers and women's magazines and it will

outline the merits of all three products in the Betasept range.

"We are putting a lot of drive and effort behind the Betasept range", says Rob Purkis, Group Product Manager, Napp Consumer Products Division. "We believe that the whole range has genuine benefits over the other products available and we are supporting them with consumer advertising and full point of sale and window display material. Because we believe that once the consumer tries these products they will want to keep them available, we are running a number of trial offers in the women's press to encourage early usage and this has already proved to be very successful."

Napp Consumer Products Division
Telephone: 0223 424444

A Pharmacy Assistant says

May I just take this opportunity to write to you and say how delighted and pleased I am with your Betasept Acne Wash.

I have never had perfect skin, always the odd spot here and there, mainly under my skin. With myself being a pharmacist assistant, I have knowledge of all spot creams and lotions that are available. I have nearly tried them all, but they just seemed to have made my face worse, or did nothing at all – but these past three or four months it's been worse than ever before, red blotches, dry skin etc. So I decided to try your product – and thought I know I've not got acne, but I've got nothing to lose and have got to the stage where I will try anything once. I bought it last week and in just five days the difference is incredible, no red blotches, no dry flaky skin and nearly all the spots have gone, it's just brilliant.

Thank you so much for a wonderful product. I will certainly carry on using it, and also recommending it in the chemist I work in, in Bolton, Hunt & Marsden (Bolton) Ltd.

Thank you once again
Tracy Jones

Mouth and Throat Infections

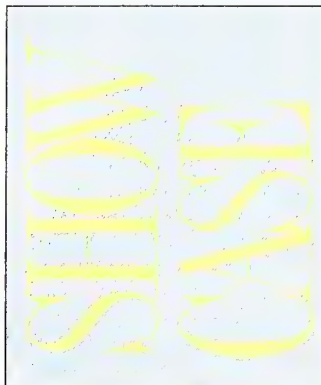
Betasept Antiseptic Gargle and Mouthwash, another new product in the Betasept Range, is a treatment for acute mouth and throat infections. It is a pleasant tasting mouthwash and is effective against all classes of germs. Furthermore, unlike some other products Betasept Gargle and Mouthwash does not stain the teeth or leave the mouth feeling numb. A common infection of

on the whole does no damage. However, when the sufferer's "normal" resistance is lowered symptoms do appear. These symptoms consist of creamy-yellow areas that can be seen in the mouth and which will often feel sore. The predisposing factors are numerous, use of steroid inhalers, dentures or prolonged antibiotic treatments are just some examples. Sore throats, too, have many different causes including bacteria, but the most common is viral, against which most

Free Trial

Recognising the importance of recommendation by pharmacy assistants who have actually tried the product and have personal experience of it, Napp are offering a free trial of Betasept Acne Wash or Betasept Shampoo to the first 100 pharmacy assistants who write in. If you would like to try these products, or if you would like some point of sale material, please send your name and address on a postcard to Betasept Pharmacy Offer, Bloomsbury Communications, 47A Marchmont Street, London WC1N 1AP. Please state which product you would prefer and that you are over 18.





Supersoft styling

Schwarzkopf have extended their Supersoft 3 Weather Protection range with a gel spray and a mousse.

The gel spray, £1.99, can be used for root styling or holding more adventurous styles. The mousse, £1.99, comes in three variants — extra firm hold, supreme hold and conditioning hold for curly hair. It can be used on both wet or dry hair and is said to protect the hair from sun, wind or rain.

The new variants are colour coded for easy identification on shelf and will be supported by a television advertising campaign later this year. Schwarzkopf Ltd. Tel: 0296 88101.

Sancella add two

Sancella have introduced two new products into their Pennywise sanitary products range, bringing to four the number of variants on offer.

The new products are a Night-time towel in 10s, £0.89, and a Panty liner in 30s, £0.85.

A promotional campaign will support the launch of the new products. Scott Ltd. Tel: 0342 327191.



Skincare based on mineral water

Robinson Healthcare have introduced a range of skincare products simply called Skincare. The range is based on pure mineral water derived from a natural spring. The products also contain Hygoplex, a natural moisturising factor and D-panthenol, a natural source of vitamin B5.

The Skincare range consist of five products — cleansing lotion £2.99, refreshing toner £2.99, day cream £3.99, moisturiser £4.99, and night cream £4.99. The moisturiser and day cream both contain special filters to help protect the skin from UVA and UVB rays. Packaging is in navy and gold to match the company's range of cotton wool and make-up wipeaways. Robinson Healthcare. Tel: 0246 220022.

Nylax correction

Crookes Healthcare have pointed out that Nylax is only a GSL product in packs of 10 tablets. The pack of 30 remains a Pharmacy product because of its size.

A new range of point of sale material, including a 3D showcard, counter display unit and shelf edger is available, coinciding with the brand's

recent relaunch. Crookes Healthcare Ltd. Tel: 0602 507431.

Milupa pioneers

Milupa have launched what is said to be the world's first formula designed to help premature babies through the crucial first few weeks of life.

Prematil with Milupan contains long-chain essential fatty acids in similar proportions to those present in breast milk. They are required for the development of premature babies.

The new milk is available in 90ml ready-to-feed bottles for use in hospitals and in 400g tins of granulated powder, £4.99, for use after the parents bring the baby home. The powder will be available through pharmacies. Milupa Ltd. Tel: 081-573 9966.



Sudocrem display

Because the purchase of an antiseptic cream is often done on impulse, Pharmax have produced a counter display stand for Sudocrem. It is available from the company's representatives.

The stand, which shows children playing on a beach, holds eight tubes of the cream. Pharmax say that Sudocrem can be used on minor cuts and grazes and the 30g size makes it ideal for inclusion in the holiday first aid kit. Pharmax Ltd. Tel: 0322 550550.

Sugar free gum joins Clorets range

The Clorets breath freshening confectionery range is being extended with the launch of a new sugar-free chewing gum. The new product, £0.28, will allow the brand to benefit from the growth in this sector of the market, say manufacturers Warner-Lambert.

Sugar free gum now accounts for just over half of all gum sales. To coincide with the launch of the sugar-free gum, the whole Clorets range has been updated. The new gum is packaged in white like the existing sugar free mints. Clorets regular chewing gum has been repackaged in dark green in line with the regular mints.

Warner-Lambert Confectionery. Tel: 061-766 5471.



Fastest Growing and Sensitive to your needs...



...Now available in six-packs.

Clinically proven to relieve the pain of sensitive teeth, Macleans Sensitive is the fastest growing toothpaste in the sensitivity sector. (+61% growth Dec 90 - Dec 91 source: Nielsen).

National TV advertising, together with a special 10% extra free promotion for consumers will encourage further growth.

And to help Independent retailers, Macleans Sensitive is now available in SIX PACKS – a small outlay for a toothpaste with such a big demand!

macleans
Sensitive

An Authority in Oral Hygiene





New from Panadol

Panadol Extra is now available as soluble tablets designed, say Sterling Health, to meet the consumer's two main requirements in an analgesic — speed of action and efficacy.

Each tablet contains 500mg paracetamol and 65mg caffeine. Research shows that caffeine in combination with paracetamol gives 40 per cent more pain relief than paracetamol alone, say Sterling Health.

Panadol Extra Soluble, £1.65, are available in packs of 12. The company will be running a competition for pharmacy assistants offering four flights on Concorde. Sterling Health. Tel: 0483 65599.

Once goes for 3 in 1

Once Multi Styler, £2.29 and £2.99, is a three-in-one styling product designed to address all the styling needs of the busy 90s female, say Schwarzkopf.

The new product is said to provide all the volume of a mousse, the fixing ability of a gel, and the holding power of a hairspray. To use as a mousse, Once Multi Styler is sprayed onto towel-dried hair and styled as normal. To use as a fixing gel it is sprayed onto dry hair which can be teased into shape.

Once shampoos have also been relaunched in green packaging. There are four variants, three with conditioner and one Once Ultra mild shampoo for frequent use, £1.19. The three conditioning variants are in different shades of green: light for level 1 with light conditioning; mid-green for level 2 or regular conditioning, and dark green for level 3 or deep conditioning. All three will retail at £1.69. Schwarzkopf Ltd. Tel: 0296 88101.

Redesign for Sudafed and Actifed

Wellcome have redesigned the packaging of their Actifed and Sudafed ranges in preparation for the Winter coughs and colds season. The new look for Actifed complements Actifed Junior Cough Relief which was introduced last year. The front of the packs states the type of cough for which the product should be used. Target areas of the body are highlighted to emphasise the area of activity — chest area on the expectorant, throat area on the anti-tussive and nasal area on the decongestant.

The Sudafed range also has a new look with clear and concise labelling, say Wellcome. Sudafed expectorant and linctus are packed in bright scarlet and orange while the elixir and tablets are in blue, with scarlet highlighting on the tablet pack. Sudafed Co stays in dark blue.

Wellcome Foundation Ltd. Tel: 0270 583151.

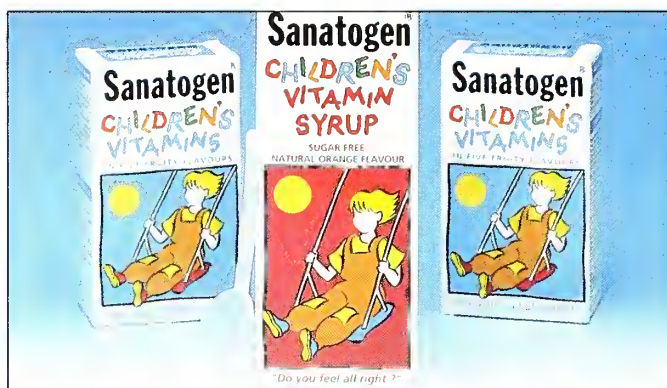


Improved Cream E45

Cream E45 has been reformulated with a new "medical grade" lanolin which, the company says, can be used by many people sensitive to ordinary lanolin.

Research has shown that free fatty acids and residues of detergents and pesticides in ordinary lanolin made people sensitive to it. New processing techniques have allowed these residues to be removed and the level of free fatty acids to be reduced to less than 3 per cent. In patch tests on 149 lanolin-sensitive patients only one reacted positively to the new lanolin, say Crookes.

Crookes Healthcare Ltd. Tel: 0602 507431.



Sanatogen's sugar free syrup for children

Fisons Consumer health have launched a sugar-free children's multivitamin syrup under the Sanatogen name. The orange flavoured syrup, £2.59, can be taken straight from the spoon or mixed with water or fruit juice. The multivitamin formulation has been especially tailored to the needs of babies and young children from the age of six months upwards.

Babies from one to six months of age should have half a 5ml spoonful; from six months to five years the dose is one spoonful and above five years, two spoonfuls. This should be given once daily. Packs of the new syrup contain a 5ml measuring spoon. Fisons Consumer Health Plc. Tel: 0509 611001.



Vanilla joins Complan

Crookes Healthcare have added a vanilla flavour to their Complan range. The new flavour will replace the mushroom variant which is being discontinued. There are now six different flavours to choose from in the Complan range — original, strawberry, chocolate, banana, chicken and the new vanilla.

The company has also produced two new booklets. The first — "Eat Well, Age Well" — is a full colour booklet produced in conjunction with Age Concern. It provides advice on good nutrition for older people, including daily meal planning, saving on shopping, and watching weight. "Dysphagia — A Guide to Eating Smooth, Soft Textures" is intended to offer advice and comfort to people who experience eating and swallowing difficulties following illness, injury or surgery.

Copies of both are available from Complan Booklets, PO Box 12, West PDO, Leen Gate Lenton, Nottingham NG2 3AA. Crookes Healthcare Ltd. Tel: 0602 507431.



Pure Plant Products

The Health & Diet Food Company have introduced a range of shampoos and conditioners made with natural ingredients. The Pure Plant Products range includes: Marshmallow and Rosemary shampoo for normal hair; Lime and Hops for oily hair; Comfrey and Sage for dry hair; Orange Spice and Ginger for

dandruff; and Grapefruit and Almond for frequent use. There is one conditioner — Herbal for all hair types, and Orchid two-in-one shampoo and conditioner. All retail at £1.79.

The products have not been tested on animals, says the company. In addition, a percentage of every product sold will be donated to the Born Free Foundation, Elefriends, and Into the Blue, the dolphin rescue and rehabilitation programme. Health & Diet Food Company Ltd. Tel: 0204 707420.



Travel Right

Travel packs of three of the Right Guard anti-perspirant deodorants have been introduced to coincide with this year's holiday season.

The packs, which will retail at £0.59, are available in Drive for men, Vogue for women and Sport. They combine the effectiveness of Right Guard with the convenience of a handy travel size, says the company. Gillette UK Ltd. Tel: 081-560 1234.

Almay's new tinted moisturisers

Extending the Almay range of tinted moisturisers for normal/combination skin, two products for dry skin and for

slightly dry skin have been launched. Tinted moisturisers are said to be one of the fastest growing areas in skincare, now accounting for almost half the market.

Ultra Rich Protection Cream for dry skin comes in Sandstone and Dune colours, while Ultra Light Protection Cream for slightly dry skin, comes in Sahara and Beach.

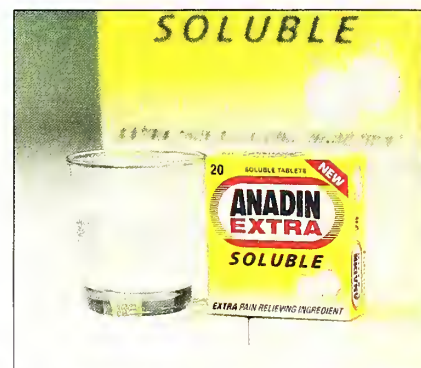
All are said to give a matte, translucent finish and are hypo-allergenic, non-comedogenic, lanolin and fragrance free. They also contain UVA and UVB sunscreens and moisturisers. Sara Lee UK Ltd Household & Personal Care. Tel: 0753 523971.



Effervescent ibuprofen

An effervescent form of ibuprofen tablets is now available from Cupal. Soluble Cuprofen each contain 200mg of ibuprofen and must be dissolved in half a glass of water. The tablets dissolve more rapidly in warm water or if stirred. Cuprofen soluble come in two sizes 12s £1.25, and 24s £1.99.

Indications for Soluble Cuprofen are the same as for other forms of ibuprofen and include rheumatic, muscular, period and dental pain, lumbago, migraine, headache and the relief of aches and pains associated with colds and flu. The recommended dose (over 12 years only) is two tablets followed by one or two every four hours if required. The maximum dose is six in 24 hours. Cupal Ltd. Tel: 0254 580321.



Anadin extends

Anadin Extra is now available in soluble tablets, particularly for people who have difficulty swallowing tablets.

Each tablet contains 300mg of aspirin, 200mg of paracetamol and 45mg of caffeine. They are available in packs of eight, £0.82, and 20, £1.85. The new product will be advertised on television. Whitehall Laboratories. Tel: 0271 45935.



Special Recipe

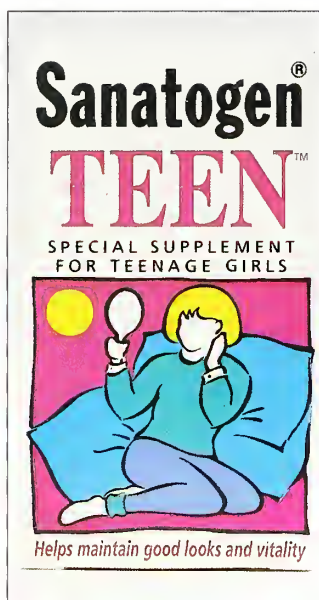
Ernest Jackson have relaunched their Special Recipe range of diabetic chocolate. The new packaging retains the Special Recipe logo but has a generally upgraded image.

The range features six flavours, milk or plain chocolate, milk chocolate with chopped nuts or whole nuts and plain chocolate with orange or almonds. The snack-size Krispi bar has been brought into line with the rest of the range.

Planned extensions to the range later this year include a white chocolate bar with nuts and three new filled bars. Ernest Jackson & Co Ltd. Tel: 0363 772251.

Sanatogen product targets teenagers

Fisons have added a new product to their Sanatogen range especially aimed at teenage girls. Sanatogen Teen was developed after research showed some alarming dietary trends in girls aged 12-17 — two out of three try to lose weight by cutting food intake, 90 per cent consume less than the recommended daily amount of iron, and 50 per cent may not get enough calcium.



Sanatogen Teen capsules contain vitamins A, B1, B2, B6, niacin, folic acid, B12, C, D, and E. They also contain calcium, iron, magnesium and evening primrose oil. Positioned to "help maintain good looks and vitality", the product will retail at £2.99. Fisons Consumer Health Plc Tel: 0509 611001.



Cow & Gate's new low-sugar Olvarit drinks

Olvarit pure baby juices from Cow & Gate are made from blends of juices naturally low in sugar. As a result, they contain about 10 per cent less natural fruit sugar and are said to be the lowest-sugar babydrinks on the market.

The range consists of six ready-to-drink variants, £0.42, in apple and pear, apple and blackcurrant, pear and peach, apple and orange, exotic fruits and Summer fruits. There are also four concentrated products, £1.09, which provide about 17 drinks when diluted. The flavours are apple and pear, pear and peach, apple and blackcurrant, and apple and rosehip.

Support includes sampling, "The Nursery catalogue" offering promotions with other baby care manufacturers, and "Cars in jars" offering the chance to win a car. Cow & Gate Ltd. Tel: 0225 768381.

A shavers cut cure

Nix is a new slimline styptic pencil produced by Bray Health & Leisure. Nix, £0.95, has not been tested on animals and comes in a seamless "easy to apply" dispenser.

Nearly two-thirds of the 20 million men who shave regularly prefer the smoother finish of a wet shave, says the company. Nix is designed to stop bleeding from the cuts and nicks which sometimes occur, even with the steadiest of hands. Bray Health & Leisure Ltd. Tel: 0367 240736.

Conditioners for pets

Bob Martin have introduced a new range of conditioning products for pets, 100 years after their first ever OTC pet healthcare product. The new conditioners are said to provide "the ultimate in preventative healthcare for pets, as precisely targeted as any human vitamin and mineral supplement."

The conditioning tablets for dogs come in tablets for puppies, small, medium and large dogs, with a liquid product for older dogs. Tablets for adult cats are complemented by drops for kittens, and there is a paste for older felines. All are liver flavoured and are said to be easy to administer. The Bob Martin Company. Tel: 0934 838061.

Summer trial sizes

Louis Marcel have introduced trial sizes of three of their products for the Summer period. These will provide customers with a chance to try the products and, hopefully, attract new users to the brand, they say.

The trial sizes are available in Stripwax — five single strips £0.59; Hair Removal Cream — 15ml sachet £0.49; and Bikini Smooth — twin sachet of Hair Remover Cream and Skin Soothing Balm £0.99. Sara Lee Household and Personal Care. Tel: 0753 523971.

K-Y launch pessaries

Johnson & Johnson have launched a pessary form of K-Y Jelly, designed, they say, to provide women with lubrication in a discreet form. In surveys, over three quarter of women said that K-Y Lubricating Pessaries, £4.25, were more convenient than the jelly and over half of non-users of K-Y Jelly said they would buy the new product.

Both K-Y Jelly and Pessaries are water-based formulations avoiding the problems that oil-based products have when used with contraceptive devices. Rate of sale and profitability can be maximised, say J&J, by placing both K-Y products on the counter near family planning products, allowing self-selection.

A special merchandising unit, including two free samples, is available as well as a pre-pack display unit. Consumer information leaflets offer a 49p money-off coupon. Johnson & Johnson Ltd. Tel: 0628 822222.



COUNTERTVIEW

BY VERITY

Verity is a real-life pharmacy assistant working full-time in a pharmacy somewhere in the UK, writing about her job as she sees it.



Most days seem to pass by unnoticed, nothing particularly interesting happens. Then, out of the blue, comes an incident which makes you wish you'd stayed in bed that morning.

This particular day was made memorable by the manageress of a local shop who hobbled into the pharmacy, trailing blood. She'd dropped a fire extinguisher on her foot. "It's not really too painful but the sight of it is making me sick" she said. We didn't know whether to reach for the mop or hand her a bucket first. She hadn't even had enough sense to wrap it in some kind of bandage, she'd come straight to us. "Do you have a first aid box in your shop?" I asked. "Yes, but I don't know where," she replied.

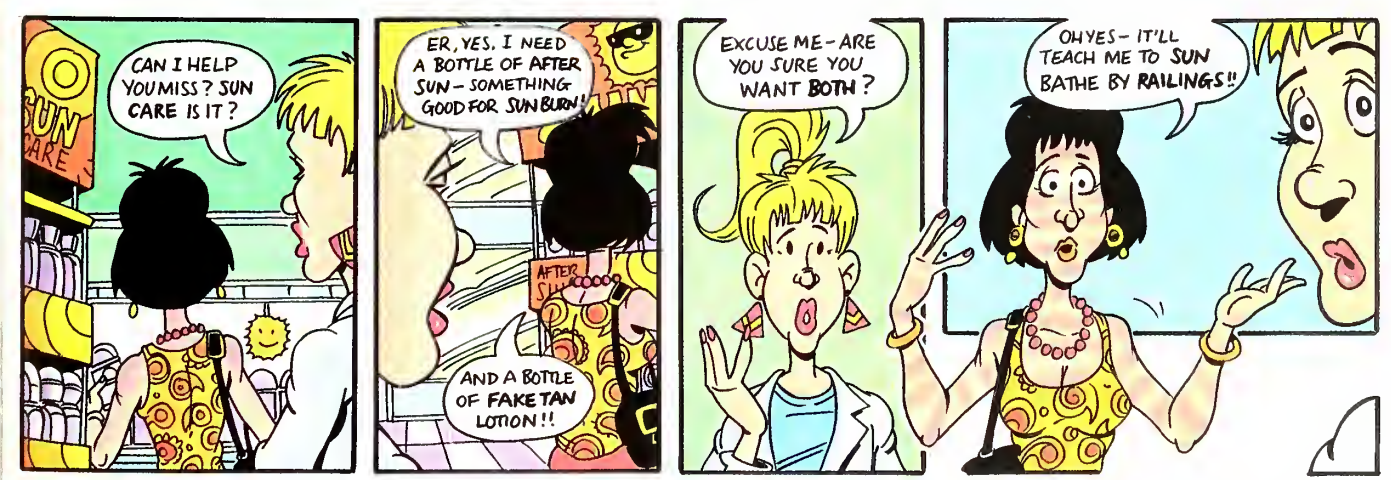
It makes you wonder how many people find out they don't know what to do with the contents of a standard first aid box until it's too late. Maybe first aid courses should be arranged as a basic necessity for all. How else would this woman cope if someone had an accident or

was taken ill while in her shop? Anyway, we duly provided bandages, antiseptic, and advised her on cleaning the wound up enough so she could go to the local casualty for further attention. "Oh, I was hoping you could do all that here," she said.

You should have seen the reaction among the staff. The shop echoed to a chorus of "Can I help you Madam?" as we all found someone to serve. That just left the pharmacist who went to great lengths to explain to the woman that, considering the damage to her foot, she really needed to go to the hospital and have it X-rayed and probably stitched. Finally, the woman realised that it wasn't just a case of a couple of plasters and back to work, and off she went.

Although it's flattering when our customers think we can work wonders, do we really look that much like the local hospital? With the best will in the world we can help with basic first aid, and advise if they need to seek expert help, but trained doctors we are not!

MEANWHILE...



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PRODUCT INFORMATION

Presentation *Canesten 10% VC* is available as a single pre-filled applicator containing 5g of 10% clotrimazole vaginal cream. **Uses** Candidal vaginitis. **Dosage and**

Administration *Adults* Insert the contents of the pre-filled applicator intravaginally, preferably at night. *Children* As this product is used with an applicator, paediatric usage is not recommended. **Contraindications** Hypersensitivity to clotrimazole. **Side-effects** Rarely patients may experience local mild burning or irritation immediately after inserting the cream.

Hypersensitivity reaction may occur. **Use in Pregnancy** In animal studies clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known. However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used

in pregnancy only when considered necessary by the clinician. If used during pregnancy extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Accidental Oral Ingestion** In the event, routine measures such as gastric lavage should be performed as soon as possible after ingestion.

Pharmaceutical Precautions Do not store above 25°C.


Legal Category P Retail **Selling Price** £5.95 per 5g pre-filled applicator

Product Licence Number PL 0010/0136.

Date of Preparation November 1988.

References: 1. Cohen L. *Curr Med Res Opin* 1985; 9 (8): 520-3. 2. Taylor Nelson Research, 1991.

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